MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09501

09532 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X; LENGTH OF STAY (in this place) 22 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville 26; STREET ADDRESS (If rural give location) Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Frank (Last) Adams

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 9, 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): gardener

10B. KIND OF BUSINESS OR INDUSTRY: Flowers

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Will Adams

14. MOTHER'S MAIDEN NAME: Georgeanna Mc Gruder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Susie Adams Lincoln Park, Rockville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebrovascular accident

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension & Arteriosclerosis

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1954 to 10-13 1954 that I last saw the deceased alive on 10-13, 1954, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE W. J. Doyle M. D. ADDRESS Bethesda, Md DATE SIGNED 10/24/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 10/27/54; NAME OF CEMETERY OR CREMATORY Lincoln Park; LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 10/28/54; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robt. L. Saunders ADDRESS Rockville Md

RECEIVED
NOV 1 1994
BUREAU V. S.

09533

09502 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8916 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8916 Bradley Blvd.

3. NAME OF DECEASED: (Type or Print) (First) JEANNETTE (Middle) BLAISDELLE (Last) ADAMS

4. DATE OF DEATH (Month) (Day) (Year) Oct. 27, 1954 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov. 23, 1884

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jermiah Blaisdelle

14. MOTHER'S MAIDEN NAME: Mary Muirhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Leason H. Adams-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary occlusion	Instantaneous or within a few minutes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)		
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brockhart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-27-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10-29-54

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. 10/27/54

REGISTRAR'S SIGNATURE Bessie M. Thompson

FUNERAL DIRECTOR Robert H. Pumphrey

ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
OCT 29 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09503

09534 CERTIFICATE OF DEATH Reg. Dist. No. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 240 Rockville X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville X
STREET ADDRESS (If rural, give location) Rt. 240-Rockville

3. NAME OF DECEASED: (Type or Print) (First) ALFRED (Middle) E. (Last) AGNEW

4. DATE OF DEATH: (Month) (Day) (Year) Oct. 17, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-16-1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 6 Days 1 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant - Owner

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank A. Agnew

14. MOTHER'S MAIDEN NAME: Elizabeth Slaughter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Helen C. Agnew- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163X

		Interval Between Onset and Death
Immediate cause	(a) Circulatory Collapse	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Duperin Vena Caval obstruction	2 mos.
	DUE TO (c) Carcinoma of lung	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11/ 19 54, to 10/17/ 19 54, that I last saw the deceased alive on 10/17/ 19 54, and that death occurred at 3:05A m., from the causes and on the date stated above.

SIGNATURE Stephen N. Jones (DEGREE OR TITLE) M.D. ADDRESS Rockville Md DATE SIGNED 10/17/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 10-20-54

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 10/20/54

REGISTRAR'S SIGNATURE Dorothy Jacobson a.R.

21. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

RECEIVED
OCT 26 1954
BUREAU V. S.

09535 09504

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD# 2 Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural- Potomac
STREET ADDRESS (If rural, give location) R.F.D. Rockville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Pinner (Last) ALPEROVITZ

4. DATE OF DEATH (Month) (Day) (Year) October 14, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 10, 1884	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	North Carolina	USA

13. FATHER'S NAME: William Pinner

14. MOTHER'S MAIDEN NAME: Bertha Glenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	No	None	Mr. Albert A. Smith-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion DUE TO	Sudden death
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) Hypertension	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Boschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10-14-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-16-54	Rock Creek	Washington, D.C.

DATE REC'D BY LOCAL REG. 10/18/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert L. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
OCT 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09505

Reg. Dist. No. 419

09536

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Belmont 58 X-3
STREET ADDRESS (If rural give location) 18 Gilmore Road ✓

3. NAME OF DECEASED: (First) Rosie (Middle) Mae (Last) ANDERSON
4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 26 1880	74 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Massachusetts	U.S.

13. FATHER'S NAME: Albert A. KENT
14. MOTHER'S MAIDEN NAME: Annie F. DIXON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Mrs. Ola F. WEBB 1545 41st Street S.E., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Myocardial Failure	4 days
ANTECEDENT CAUSE (S)	DUE TO (B) Hypertensive Cardiovascular Disease indefinite	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2		YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work [ ] Not while at work [ ]	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 20 Oct, 1954, to 24 Oct, 1954 that I last saw the deceased alive on 24 Oct, 1954, and that death occurred at 3:40a M, from the causes and on the date stated above.

SIGNATURE P.G. Bamberg — ADDRESS — DATE SIGNED

P.G. BAMBERG LTCDR MC USN U.S. Naval Hospital, M.D. NNMC, Bethesda, Maryland 26 Oct 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	27 Oct 1954	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
26 Oct 1954	Mary E. Farrelly	GAWLERS Funeral Home	1756 Penn Avenue, Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 28 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09506

0:537

CERTIFICATE OF DEATH

Reg. Dist. No. ... .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 133 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 727 S. Broadway

3. NAME OF DECEASED: (First) Peter (Middle) - (Last) Apostolas
4. DATE OF DEATH: (Month) Oct. 5 (Day) (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7 Nov. 1889
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY. NYC ARG Steamship Cor.
11. BIRTHPLACE (State or foreign country). Greece
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Tom Apostolas
14. MOTHER'S MAIDEN NAME: Viola Linden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 217146646
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Small bowel perforation at probable site of anastomosis of previous resection with peritonitis

ANTECEDENT CAUSE (B) due to Disseminated hydatid disease and carcinoma

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary edema, right lung

19A. DATE OF OPERATION 8-10-54
19B. MAJOR FINDINGS OF OPERATION Small bowel resection for small bowel intussusception; multiple tumors
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) No
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from May 25, 1954 to Oct. 5., 1954 that I last saw the deceased alive on Oct. 5., 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE Maurice D. Lubin M.D. ADDRESS The Clinical Center, NIH DATE SIGNED 10-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 10-8-54
NAME OF CEMETERY OR CREMATORY Greek
LOCATION (City, town, or county) (State) Windsor Mill Rd.

DATE REC'D BY LOCAL REGISTRAR 10-7-54
REGISTRAR'S SIGNATURE G.W. Hedrick
24. FUNERAL DIRECTOR Lambros Inc.
ADDRESS 440 E. North Av.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09507

09538 CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) John (Middle) William (Last) Ayton
(Type or Print)

4. DATE OF DEATH: (Month) Oct. (Day) 22 (Year) 19 57

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 13 1884

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ephraim Ayton

14. MOTHER'S MAIDEN NAME: Virginia Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Elsie C. Ayton Rockville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 10 minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) with Myocardial Infarction
DUE TO (c) Arteriosclerotic Heart Disease — 1½ yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1957, to Oct. 22, 1957, that I last saw the deceased alive on Oct. 19, 1957, and that death occurred at 11:50 am, from the causes and on the date stated above.
SIGNATURE (Degree or title) Jacob Schumacher M.D. — ADDRESS Gaithersburg Md — DATE SIGNED Oct. 23, 57

23. BURIAL, CREMATION, REMOVAL (Specify) Interment — DATE THEREOF Oct. 25 1957 — NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park — LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR Oct. 23, 1957 — REGISTRAR'S SIGNATURE Linda L. Cooke — 24. FUNERAL DIRECTOR — ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09539 **CERTIFICATE OF DEATH** Reg. Dist. No. 09506

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda LENGTH OF STAY (in this place) 13 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wash. D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 4028 Nicholson Ave. L.W.

3. NAME OF DECEASED: (Type or Print) (First) Erna (Middle) Mae (Last) Bailey

4. DATE OF DEATH: (Month) Oct. (Day) 15 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Oct. 14th 1894 | 9. AGE last birthday: 59 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Missouri | 12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: James W. Bailey | 14. MOTHER'S MAIDEN NAME: Martha E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mr. Eugene Beadel

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pyloric Obstruction — ½ month

ANTECEDENT CAUSE (B) DUE TO (B) Metasis to regional nodes of — ? months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Carcinoma, Rt. breast — ? years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hydronephrosis from pelvic adhesions — ? years

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Oct., 1954, to 15 Oct., 1954, that I last saw the deceased alive on 14 Oct., 1954, and that death occurred at 10 A.M, from the causes and on the date stated above.

SIGNATURE: Lenuch T. Kimble M.D. | ADDRESS: 929 Pershing Drive Silver Spring | DATE SIGNED: 15 Oct. 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/18/54 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Suitland (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/18/54 | REGISTRAR'S SIGNATURE Theresa M. Thompson | 24. FUNERAL DIRECTOR W. W. Chambers Co. | ADDRESS 1400 Chapin St. N.W.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09510

CERTIFICATE OF DEATH

09540

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brookmont X
LENGTH OF STAY (in this place): 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6032 BROAD ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ohio — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AKRON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Lee (Last) Barry

4. DATE OF DEATH: (Month) 10 (Day) 29 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 31, 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED - INSURANCE SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MANSFIELD, OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: EDWARD BARRY

14. MOTHER'S MAIDEN NAME: CATHERINE HURLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. BLANCHE J. BARRY - WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Degenerative Heart Disease — DUE TO

(c) Arteriosclerosis.

Interval Between Onset And Death: 14 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1954 to Oct 29, 1954, that I last saw the deceased alive on Oct 29, 1954, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

SIGNATURE: Francis J. Hurle (Degree or title) MA ADDRESS: 3323 O-St. N.W. Wash. D.C. DATE SIGNED: 10-29-54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: Oct 29, 1954 — NAME OF CEMETERY OR CREMATORY: HOLY CROSS CEMETERY — LOCATION (City, town, or county) (State): AKRON, OHIO

DATE REC'D BY LOCAL REGISTRAR: Oct 29 1954 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 11/1/54

24. FUNERAL DIRECTOR: H. Don. D[illegible] — ADDRESS: Vol-2224 - Wis. Ave. Washington 7, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09511

09541 CERTIFICATE OF DEATH Reg. Dist. No. ... .

1 PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darnestown (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2 Germantown

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Darnestown)
STREET ADDRESS (If rural give location) R.F.D. # 2 Germantown

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) W. (Last) Beall, Sr.

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-19-'93	61 yrs.	5	6		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Self. Emp.	Maryland	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James J. Beall	Jane Peter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Josephine W. Beall-Item # 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Coronary occlusion	10 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO	Hypertensive heart disease	2 years.
(c)	Arteriosclerosis	3 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0 none		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
—		—

22. I hereby certify that I attended the deceased from 20 May, 1953, to Oct 25, 1954, that I last saw the deceased alive on Oct 25, 1954, and that death occurred at 10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John S. Fawcett M.D.	Boyds Md	Oct. 25 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-54	Darnestown Church Cem.	Darnestown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/54	Dorothy Jackson (D.R.)	Robert M. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09512

09542

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural X
LENGTH OF STAY (in this place): 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 6916 Randolph Street

3. NAME OF DECEASED: (First) Edward (Middle) L. (Last) BEALL (Type or Print)

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-13-1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William BEALL

14. MOTHER'S MAIDEN NAME: Unknown SHAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Daughter Mrs Fannie RAILEY 6916 Randolph Street Hyattsville, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A): Arteriosclerotic heart disease with congestive failure — 4 weeks.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B):

DUE TO (C):

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Sept, 1954, to 12 Oct, 1954, that I last saw the deceased alive on 12 Oct, 1954 and that death occurred at 11:20 M, from the causes and on the date stated above.

SIGNATURE M.D. R. O. Peckinpaugh — ADDRESS: LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 10-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 14 Oct 1954 — NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR: 14 Oct 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: CHAMBERS Funeral Home — ADDRESS: 17 11th St., S.E. Washington, D.C.

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09513

CERTIFICATE OF DEATH

09543

Reg. Dist. No. 217

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Olney X

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville X

STREET ADDRESS (If rural give location) R#3 Norwood Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Effie		Beckett	October	16	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	1/8/83	71 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
secretary	Sylvan Hts. Cemetery Assoc	Pennsylvania	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew Jackson Beckett	Rachel Braden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
		190-01-1564 A	Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset AND Death
Immediate cause	(a) Congestive Heart Failure	2 wk.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Chronic Myocarditis	2 yrs.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/, 1954, to 10/16, 1954, that I last saw the deceased alive on 10/16, 1954, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sandy Spring Md 10/16/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit	10-16-54	Sylvan Hts. Cemetery	Union Town, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR 10-16-54 REGISTRAR'S SIGNATURE Gertrude B Dawson

24. FUNERAL DIRECTOR ADDRESS
Warner E. Pumphrey, Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A11

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09514

09544 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Olney
LENGTH OF STAY (in this place) 5½ mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md.
STREET ADDRESS (If rural give location) 3405 Pinkey Rd.

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) Martineau (Last) Bennett

4. DATE OF DEATH: (Month) 10 (Day) 23 (Year) 1954

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 4, 2, 1864

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Boston, Mass.

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Fred Dodge

14. MOTHER'S MAIDEN NAME: Harriett Martineau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N

(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Sharon Nursing Home Olney Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) metastatic Ca to abdomen - etiology ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) senile degeneration

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 1, 1954, to 10-23, 1954, that I last saw the deceased alive on 10-21, 1954, and that death occurred at 3:20 AM, from the causes and on the date stated above.

SIGNATURE Gillean K. Ziegler (Degree or title) M.D. ADDRESS Olney DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 10-26-54 NAME OF CEMETERY OR CREMATORY Lorraine Cem. Co. LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-54 REGISTRAR'S SIGNATURE Gertrude B Jarvis

24. FUNERAL DIRECTOR Roy W. Barber ADDRESS Loftsmade Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09515

09545

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda rural X
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jacksonville
STREET ADDRESS (If rural give location) 4435 San Juan Avenue

3. NAME OF DECEASED: (Type or Print) (First) Debra (Middle) Lynn (Last) BOATWRIGHT

4. DATE OF DEATH: (Month) October (Day) 23 (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August 17, 1954
9. AGE last birthday yrs; IF UNDER 1 YEAR Months 2 Days 6; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----
10B. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fred Thomas BOATWRIGHT
14. MOTHER'S MAIDEN NAME: Margie WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. -------
17. INFORMANT & ADDRESS: Father: Fred Thomas BOATWRIGHT 4435 San Juan Avenue, Jacksonville, Florida

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Congenital Heart Disease 2 hrs

ANTECEDENT CAUSE (B) DUE TO Characterized by 1. Single Ventricle

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 2. Aortic Atresia Not compatible with life OR amenable to surgery.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Oct, 19 54 to 23 Oct., 19 54, that I last saw the deceased alive on 23 October 19 54 and that death occurred at 0:30a M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews M.D. ADDRESS M.D., NNMC, Bethesda, Maryland DATE SIGNED 25 October

U.S. MATTHEWS LCDR MC USN U.S. Naval Hospital

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 25 October 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR October 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R.A. Pumphrey Funeral [illegible] ADDRESS [illegible] Avenue, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

09546 **CERTIFICATE OF DEATH** 09516

FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (In this place) 20 Y.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dr Zeigler Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Courtenay (Middle) Patrick (Last) Bond

4. DATE OF DEATH: (Month) Oct (Day) 20 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: 5/28/08 | 9. AGE last birthday: 46 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William John Bond
14. MOTHER'S MAIDEN NAME: Minnie Lawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war, or dates of service): WW #2
16. SOCIAL SECURITY NO.: 225-10-0891
17. INFORMANT AND ADDRESS: Mrs. Rosa A. Bond, Box 23, Olney, Maryland

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Instantaneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — Interval Between Onset and Death: dead

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred J. Broschart M.D. Gaithersburg Md 10-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried
DATE THEREOF: 10/22/54
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington County, Virginia

DATE REC'D BY LOCAL REG.: 10-23-54
REGISTRAR'S SIGNATURE: Gertrude B Lawler
24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8424 Georgia Ave, Silver Spring, Maryland

OCT 2
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09547

CERTIFICATE OF DEATH

Reg. Dist. No. 09517 2 16

Item 7, Film G172 10-[illegible]-54 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
LENGTH OF STAY (in this place) 29¼ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sibley Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase DC
STREET ADDRESS (If rural give location) 3724 Manor Road, Apt 4.

3. NAME OF DECEASED: (Type or Print) (First) DORA (Middle) K. (Last) BORTH

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: 10-25-74
9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bath
14. MOTHER'S MAIDEN NAME: — Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Robt Borth (Daughter-in-law) (Address)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO Thrombosis of both legs -

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gen. Arteriosclerosis, Senile depression

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Febr... , 1954, to October 1954, that I last saw the deceased alive on October 13, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE J. G. Tompane M. D. ADDRESS 7101 Wisconsin Ave. Bethesda DATE SIGNED Oct 13-1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit
DATE THEREOF 10-14-54
NAME OF CEMETERY OR CREMATORY Junction City
LOCATION (City, town, or county) (State) Geary County, Kansas

DATE REC'D BY LOCAL REGISTRAR 10/15/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert H. Cumpston
ADDRESS Bethesda, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09543

CERTIFICATE OF DEATH

09518

Reg. Dist. No. [illegible]

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural X; LENGTH OF STAY (in this place) 2 hrs 1 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 4 7th St.; STREET ADDRESS (If rural give location) 617 Rock Creek Church Road N.W.

3. NAME OF DECEASED: (First) Baby (Middle) Girl (Last) BREEDLOVE

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 10-31-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William (n) BREEDLOVE

14. MOTHER'S MAIDEN NAME: Iola SANDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Mr. William (n) Breedlove 617 Rock Creek Church Rd. N.W., D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Atelectasis, Marked Bilateral — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs 10 min

ANTECEDENT CAUSE (S) (B) DUE TO: Prematurity — 〃

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Pre-Eclampsia with Premature Separation of Placenta — 〃

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 31 Oct, 19 54, to 31 Oct, 19 54, that I last saw the deceased alive on 31 Oct, 19 54, and that death occurred at 4:25P M, from the causes and on the date stated above.

SIGNATURE W. S. Matthews — ADDRESS — DATE SIGNED

W.S. MATTHEWS LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 11-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 5 Nov 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 4 Nov 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Jarvis Funeral Home — ADDRESS 1432 U Street N.W. Washington, D.C.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09549 **CERTIFICATE OF DEATH** Reg. Dist. No. 09519

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clarksville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) Thompson (Last) Browne

4. DATE OF DEATH: (Month) October (Day) 26 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10/29/1867

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles G. W. McGill

14. MOTHER'S MAIDEN NAME: Louisa Thomas McEndree

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Chronic myocardial failure	4 weeks
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerotic heart disease	15 years
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1950, to 10/26, 1954 that I last saw the deceased alive on 10/26/, 1954, and that death occurred at 11:05 P.M., from the causes and on the date stated above.

SIGNATURE C. S. Whitaker M.D. ADDRESS Clarksville, Md. DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10/28/54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 10/29/54

REGISTRAR'S SIGNATURE Gertrude Lawler

24. FUNERAL DIRECTOR ADDRESS George Farley, Catonsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09550

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09520 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2-4

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring X

LENGTH OF STAY (in this place) 2 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS R-1 (Layhill)

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montg

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS R-1 (If rural, give location) (Layhill)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	Lamont	Burst	Oct	17	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	5-19-1902	52 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lineman	Meter dep PEPCo	N.Y.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Arthur H. Burst	Grace J. Surdam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Eliz Burst (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden death
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Inspector M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-17-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-20-54	Rock Creek Cemetary	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-18-54	Frances Potter	L.N. Hines Co. 2901 14th St. N.W. Washington D.C.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09521

09551

CERTIFICATE OF DEATH

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (in this place) 13 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont'g; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg, Md.; STREET ADDRESS (If rural give location) Brookville Ave.

3. NAME OF DECEASED: (First) Lenora (Middle) (Last) Beasley

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 21 1876

9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months 1 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Beasley

14. MOTHER'S MAIDEN NAME: Mary C. Selby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-07-5516

17. INFORMANT & ADDRESS: Friend, Asbury Methodist Home Gaithersburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pernicious Anemia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Biliary Stenosis — undetermined cause

DUE TO

(c)

Interval Between Onset And Death: ? 8-24-54 to 10-19-54

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-24-1954, to 10-19-1954, that I last saw the deceased alive on 10-12-1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Miller MD ADDRESS 7 Brookville Ave., Gaithersburg DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-22-54

NAME OF CEMETERY OR CREMATORY Forest Oak

LOCATION (City, town, or county) Gaithersburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR Oct. 19, 1954

REGISTRAR'S SIGNATURE Arnold L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gartner ADDRESS Gaithersburg Md.

VS. A15

OCT
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09522

09552

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ■■ is ■pecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Silver Spring, Md. | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glen Allen Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring, Md.
STREET ADDRESS (If rural, give location) Glen Allen Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
BESSIE	BELLE	BUSSEY	Oct.	15	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 25, 1883	70 yrs.	10	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerical	U.S. Government	Terre Haute Ind.	U.S.A.

13. FATHER'S NAME: William Beattie

14. MOTHER'S MAIDEN NAME: Bessie Belle Feamister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	none	578243822	Mrs. Jessie Seymour Glenallen Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	Few minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Essential Hypertension, severe	3 years
DUE TO		
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Natural	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—			M.		—

22. I hereby certify that I attended the deceased from April, 1954, to Oct. 15, 1954, that I last saw the deceased alive on Oct. 15, 1954, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE Sheldon R. Seup (DEGREE OR TITLE) M.D. ADDRESS Silver Spring, Md. DATE SIGNED 10/15/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 16, 1954	Cedar Hill Cemetery	Suitland,	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/18/54	Frances Cotter	W.W. Chambers Co.	Washington, D.C.

OCT
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09523

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY Montgomery
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
   MARYLAND
   LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE D. C. COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
   STREET ADDRESS (If rural give location) 2312 Woodridge St. NW.

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) Blossom (Last) Chandler

4. DATE OF DEATH (Month) Oct. (Day) 31 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH. 12-15-79
9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Bassett
14. MOTHER'S MAIDEN NAME: Mary E. Callis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
1 F 7 x

IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Carcinoma of head & pancreas with metastasis — Unknown
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Glomerulitis — Unknown

19A. DATE OF OPERATION: Feb. 19, 1954
19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, Metastatic - Chronic Glomerulitis
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 7, 1954, to Oct. 31, 1954, that I last saw the deceased alive on Oct 31, 1954, and that death occurred at 8:38 a.M, from the causes and on the date stated above.
SIGNATURE AND M.D. Dr. J. Schlitzhaus — ADDRESS 6101 New Hampshire Ave NW Wash DC — DATE SIGNED 10-31-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: Oct 31 1954
REGISTRAR'S SIGNATURE: J. Wilson Dodd
24. FUNERAL DIRECTOR
ADDRESS

09553

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09524 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 5 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Ind. and COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bluffton
STREET ADDRESS (If rural, give location) R.R. 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Roger Hudson Clark	Oct 2 19[illegible]

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	White	Single	4-20-16	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Scalp Specialist		Indiana	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Nelson Clark	Mollie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	yes	Ray E. Clark (Brother) R.R.I, Bluffton, Indiana

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Shock	3 minutes
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Severe cerebral concussion, collapse of lung, diaphragmatic rupture, traumatic amputation of hand	minutes
DUE TO		
	(c)	minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
—		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Highway	Rockville	Monty	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
10 2-54 10:45 P M.		Auto Accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Rosenblatt — M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 10-3-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Private	10/4/54	Rockford	Rockford, Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/6/54	Bessie McThompson	Robert A. Pumphrey	Bethesda, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09554 **CERTIFICATE OF DEATH** Reg. Dist. No. 09525

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda R.D. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase Mary Land
STREET ADDRESS (If rural give location) 4809 Bradley Blvd

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) M. (Last) Clugston

4. DATE OF DEATH (Month) Oct. (Day) 23, (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: 9/25/83 | 9. AGE last birthday 71 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Beck | 14. MOTHER'S MAIDEN NAME: ? Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Luna P. Leopold 5913 Bloster Rd. Washington 16 D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Glioblastoma, right temporal lobe DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hiatus hernia

19A. DATE OF OPERATION: None. | 19B. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1953 to Oct. 23 1954 that I last saw the deceased alive on Oct. 23, 1954 and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE George A. Gray, Jr. M.D. ADDRESS 104 Chevy Chase Dr. DATE SIGNED 10/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 10-25-54 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Cedar Hill Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 10/25/54 | REGISTRAR'S SIGNATURE Bessie Sinclair Wilson | FUNERAL DIRECTOR Robert H. Pumphrey | ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09526

09504 CERTIFICATE OF DEATH Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7420 Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 1
STREET ADDRESS (If rural give location) 435 Ethan Allen Ave.

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) GRANDEL (Last) COFFMAN

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb 24, 1877

9. AGE last birthday: 77 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Grandel

14. MOTHER'S MAIDEN NAME: Julia Wagner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: John Coffman, 435 Ethan Allen Ave. Takoma Park, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 60 Days

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis Generalized — 10 years
DUE TO (c)

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Rt upper Lobe, Lung — 2 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 1954, to 23 Oct., 1954, that I last saw the deceased alive on 22 Oct., 1954, and that death occurred at 7:25 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. F. Kuller M.D. 7112 Willow Ave Takoma Park Md. 23 Oct. 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Oct 26, 1954
NAME OF CEMETERY OR CREMATORY George Washington Mem.
LOCATION (City, town, or county) (State) Rigga Rd., Pr Geo Co. Md.

DATE REC'D BY LOCAL REGISTRAR 10-25-54
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Arthur Dalby
ADDRESS 254 Carroll St N.W. Takoma Park 12, D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10559

09555

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Olney — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) 3514 Nimitz Road

3. NAME OF DECEASED: (First) Martha (Middle) W. (Last) Decker
4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Feb. 22, 1917	37 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Charlotte N. Carolina	U.S.A.

13. FATHER'S NAME: Robert Elwood Spencer
14. MOTHER'S MAIDEN NAME: Georgia Thomas-Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	240-18-1229	John Decker, 3514 Nimitz Road Kensington Md. Husband

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Hodgkins disease — DUE TO	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) acute — DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 8, 1954, to Oct 26, 1954, that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 6.55 PM., from the causes and on the date stated above.

SIGNATURE John Bowley Ziegler (Degree or title) M.D. ADDRESS Olney, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	10/30/54	Rest Haven Cemetery	Hanover, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-5-54	Gertrude B Lawler	Warner E Pumphrey, 8434 Ga. Ave., Silver Spring, Md.

Rec'd from Potter Silver Spring

VS. A15

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BUREAU V. S.

09527

09505

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Item 8, FilmG173 11-8-54 et

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND ✓
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location) 4906 70th Pl.

3. NAME OF DECEASED: (Type or Print) (First) Karel (Middle) Frederick (Last) De Rooy

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 19 54

5. SEX: m | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH 7-29-8/3 93 | 9. AGE last birthday 61 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Albert De Rooy
14. MOTHER'S MAIDEN NAME: Barbara Shuyff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis. Lipoantenin — INTERVAL BETWEEN ONSET AND DEATH: 6 ½ days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) DUE TO Generalized Arteriosclerosis & — 10 yrs.

(C) Secondary hypertension

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Left Kidney Ureteral Stone

19A. DATE OF OPERATION: 8-2-54.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1937, to Oct 19, 1954, that I last saw the deceased alive on 10-19-1954, and that death occurred at 7.05 P M, from the causes and on the date stated above.

SIGNATURE Kenneth Slaughter M.D. ADDRESS 934 Ellsworth Dr Silver Spring Md DATE SIGNED 10-19-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct 22-1954
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington, Va

DATE REC'D BY LOCAL REGISTRAR: Oct 20 1954
REGISTRAR'S SIGNATURE: J. Marion Dodd
24. FUNERAL DIRECTOR: Nalley's Funeral Home
ADDRESS: 2200-R.I. Ave. Mt. Rainier

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09528

CERTIFICATE OF DEATH

09556

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8011 Park Lane

3. NAME OF DECEASED: (Type or Print) (First) Eric (Middle) (Last) Dilger

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1888

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired clerk

10B. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: General Dilger

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Ocella Dilger 8011 Park Lane Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — 10 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1943, to Oct, 1954, that I last saw the deceased alive on Oct 23, 1954, and that death occurred at 4:05 P M, from the causes and on the date stated above.

SIGNATURE Paul Conrad M. D. ADDRESS 8016 Hunting Rd DATE SIGNED 10/23/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10-26-54 — NAME OF CEMETERY OR CREMATORY: Parklawn — LOCATION (City, town, or county) (State): Rockville, Maryland

DATE REC'D BY LOCAL REGISTRAR 10-25-54 — REGISTRAR'S SIGNATURE Benedict Thompson — 24. FUNERAL DIRECTOR Robert H. Humphrey — ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09529

09557 CERTIFICATE OF DEATH Reg. Dist. No. 15

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 Mo. 24 Das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) Route 247

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) DOLAN

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 17 March 1935

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Marine

10B. KIND OF BUSINESS OR INDUSTRY: U.S.Marine Corps

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John DOLAN

14. MOTHER'S MAIDEN NAME: Bessie GODSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mother: Mrs. Bessie O'Dell Dolan, Reisterstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Neuroblastoma with wide spread metastasis — INTERVAL BETWEEN ONSET AND DEATH: over 6 Mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia — Lobar

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Aug., 1954, to Oct. 3, 1954, that I last saw the deceased alive on 3 October 1954, and that death occurred at 6:15P M, from the causes and on the date stated above.

SIGNATURE R. L. FLUCK, LCDR MC USN ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland M.D. DATE SIGNED 10-4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 7 October 54

NAME OF CEMETERY OR CREMATORY Finksburg Cemetery Association

LOCATION (City, town, or county) (State) Reisterstown, Maryland

DATE REC'D BY LOCAL REGISTRAR 4 Oct 1954

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR A. J. Metzger Funeral Home ADDRESS 7557 Wisconsin Ave., Bethesda, Maryland

MARYLAND 09558

09530

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3804 Underwood Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; STREET ADDRESS (If rural, give location) 3804 Underwood Street

3. NAME OF DECEASED (Type or Print): (First) Catherine (Middle) Elizabeth (Last) DONN

4. DATE OF DEATH: (Month) Oct. (Day) 26 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 21, 1866

9. AGE Last birthday: 87 yrs. If under 1 year: Months 11; Days 5; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Lansdale

14. MOTHER'S MAIDEN NAME: Mary Joy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. James B. Fitzgerald, Sr. - Same #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4 41 X ... Peripheral Collapse — Interval between onset and death: 8 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... Bi-lateral Broncho-pneumonia — 12 days

(c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced arteriosclerosis

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1954, to Oct 26, 1954, that I last saw the deceased alive on Oct. 26, 1954, and that death occurred at 10:43 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Curtin MD — ADDRESS 900 17th St. N.W. — DATE SIGNED Oct. 26, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 10/30/1954 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 10/27/54 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

09559

09531

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY: Montgomery; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dawsonville; LENGTH OF STAY (In this place): 10 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: ×

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barnesville; STREET ADDRESS (If rural, give location): Sellman, R.F.D. #2. Box

3. NAME OF DECEASED (Type or Print): (First) Wayne (Middle) Leon (Last) Dorsey

4. DATE OF DEATH: (Month) Oct (Day) 11 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 29, 1954

9. AGE last birthday: yrs.; If under 1 year: Months; Days: 11; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William E. Dorsey

14. MOTHER'S MAIDEN NAME: Nettie J. Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

16. (If yes, give war or dates of service) SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William Dorsey, Sellman, Md. R.F.D. 2 Box

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 7

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dead on arrival at the office

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bosertaut M.D. (Degree or title) ADDRESS: Gaithersburg Md DATE SIGNED: 10-11-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10-13-54; NAME OF CEMETERY OR CREMATORY: St Thomas; LOCATION (City, town, or county) (State): Boyds, Md

DATE REC'D BY LOCAL REG.: 10/12/54; REGISTRAR'S SIGNATURE: Dorothy M Jacobsen

24. FUNERAL DIRECTOR: Robert L. Snowden. ADDRESS: Rockville Md.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 14 1954
BUREAU V. S.

09528

10565

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

Item 7. Film 0173 11-13-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Martins Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 23 Martins Lane

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Dove

4. DATE OF DEATH: (Month) Oct. (Day) 29 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: May 30/91st | 9. AGE last birthday: 39 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY: Pvt. Homes | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Dove | 14. MOTHER'S MAIDEN NAME: Addie Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Elsie Dove - Lincoln Park, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) [illegible] — Interval Between Onset and Death: Unk
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Grant J. Boorhart (Degree or title) M.D. | ADDRESS: Gaithersburg Md | DATE SIGNED: 10-29-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/2/54 | NAME OF CEMETERY OR CREMATORY: Lincoln Park Cemetery | LOCATION (City, town, or county) (State): Rockville, Md.

DATE REC'D BY LOCAL REG.: 11-2-54 | REGISTRAR'S SIGNATURE: Laurel H. Kragtorp | 24. FUNERAL DIRECTOR: Robert L. Snowden | ADDRESS: Rockville, Md.

VS. A15A

RECEIVED
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BUREAU V. S.

09529 Item 7, FilmG172 11-1-54 et

09532

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stonestreet Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Stonestreet, Lincoln Park

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) (Last) Dove

4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 1903

9. AGE Last birthday: 51 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas D

14. MOTHER'S MAIDEN NAME: Frances Nickens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Instantaneous death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Scott J. Bowersox M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/21/54

NAME OF CEMETERY OR CREMATORY Lincoln Park

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 10/21/54

REGISTRAR'S SIGNATURE Dorothy Jacobsen G. G

24. FUNERAL DIRECTOR Robert L. Snowden

ADDRESS Rockville, Md.

09506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09533

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (In this place) 5 1/2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS OAKHAVEN REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WASHINTON COUNTY DC.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 734 VAN BUREN ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) KATHERINE (Last) DUFFY

4. DATE OF DEATH: (Month) OCT. (Day) 1 (Year) 1954

5. SEX: FE

6. COLOR OR RACE: WH.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAY 5, 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): N. C.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: SAMUEL S. DUFFY

14. MOTHER'S MAIDEN NAME: ELIZABETH DUFFY (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: REST HOME RECORDS.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL THROMBOSIS	1 1/2 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS, GENERALIZED	? YEARS.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CORONARY ART. DISEASE; FRACTURE RT. HIP → 1 1/2 DAYS.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: —

{ Due To (a) }

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 17, 1954, to OCT 1, 1954, that I last saw the deceased alive on SEPT 30, 1954, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William F. Simpson, Jr. M.D. ADDRESS 124 N.H. Ave NE Washington DATE SIGNED 10-1-54.

23. BURIAL, CREMATION, REMOVAL (Specify): Interment-Burial | DATE THEREOF: Oct 2-1954 | NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem. | LOCATION (City, town, or county) (State): New Bern NC

DATE REC'D BY LOCAL REG.: Oct. 1-1954 | REGISTRAR'S SIGNATURE: J. Milton Dodd

24. FUNERAL DIRECTOR: The S. H. Hines Co ADDRESS: 2901-14th St. N.W. Wash. D.C.

(over)

RECEIVED
OCT 4 1954
BUREAU OF U. S.

09534

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09560

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
MARYLAND
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mont. Co. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Damascus
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Nellie (Middle) Mae (Last) Fairchild
4. DATE OF DEATH: (Month) October (Day) 29 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 16, 1908
9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Damascus, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter R. Fairchild
14. MOTHER'S MAIDEN NAME: Alcinda Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-01-4391
17. INFORMANT & ADDRESS: Wilbur W. Fairchild, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage - massive — Interval Between Onset And Death: 27 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) [illegible] — ?

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 23, 19 54, to Oct. 29, 19 54, that I last saw the deceased alive on Oct. 29 19 54, and that death occurred at 4:17 p.m. from the causes and on the date stated above.

SIGNATURE (Degree, title) H. McKendree Snyder M.D. ADDRESS [illegible] DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 1, 1954
NAME OF CEMETERY OR CREMATORY: Damascus
LOCATION (City, town, or county) (State): Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-31-54
REGISTRAR'S SIGNATURE: Gertrude B Fawley
24. FUNERAL DIRECTOR: Olin L. Molesworth, Damascus, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09507 MARYLAND STATE DEPARTMENT OF HEALTH 09535

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct an... especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; MARYLAND LENGTH OF STAY (In this place) 2 y. 6 m.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 11 Pine Ave.

3. NAME OF DECEASED (Type or Print): (First) Donna (Middle) Marie (Last) Fabrarano

4. DATE OF DEATH: (Month) Oct. (Day) 9 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Caus...

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: July 31, 1954

9. AGE last birthday: 10 weeks 9 m. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr. Frances Fabrarano

14. MOTHER'S MAIDEN NAME: Wilkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hyperemia and Asphyxia — Interval Between Onset and Death: Several days

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 15

20. AUTOPSY? Yes ☐ No ☒

21. WAS PERINATAL CAUSE WAS PRIMARY OR CONTRIBUTING TO CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN) Takoma Park (COUNTY) Mont. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: Irene J. Bosserhart (Degree or title) M.D. ADDRESS: Gaithersburg Md. DATE SIGNED: 10-9-54

BURIAL, CREMATION, REMOVAL (Specify): Transit-Burial; DATE THEREOF: October 12, 1954; NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery; LOCATION (City, town, or county): Boston (State): Mass.

DATE REC'D BY LOCAL REG.: Oct-9-1954; REGISTRAR'S SIGNATURE: J. Wilbur Dodd

24. FUNERAL DIRECTOR: J. Arthur Walters; ADDRESS: 2-4 Carroll St. N.W. Washington D.C.

U.S. AIGA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09536

09561 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 100 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Conn. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hartford
STREET ADDRESS (If rural give location) 296 Hudson St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Joseph (Last) Farrell

4. DATE OF DEATH: (Month) Oct. 14 (Day) (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7 Apr. 1900
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck repairman
10B. KIND OF BUSINESS OR INDUSTRY: Typewriter Co.
11. BIRTHPLACE (State or foreign country): Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Farrell
14. MOTHER'S MAIDEN NAME: Alma Damon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give wars or dates of service) W.W.1
16. SOCIAL SECURITY NO. 046-03-7015
17. INFORMANT & ADDRESS: The Medical Record The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Malignant tumor of mediastinum with metastases to adrenals and brain

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension; abnormal sodium metabolism Duodenal ulcer with hemorrhage

19A. DATE OF OPERATION: 9/1/54
19B. MAJOR FINDINGS OF OPERATION: Normal ventriculographic pattern
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ----
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ----
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Jul.7, 1954 to Oct.14, 1954 that I last saw the deceased alive on Oct.14, 1954, and that death occurred at 10:02 P.M., from the causes and on the date stated above.

SIGNATURE Elliott Cornell Middleton Jr. M.D. ADDRESS The Clinical Center Nat'l.Inst. of Health DATE SIGNED Oct 14, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Oct. 19, 1954 | NAME OF CEMETERY OR CREMATORY Mt. St. Benedict | LOCATION (City, town, or county) (State) Hartford, Conn.

DATE REC'D BY LOCAL REGISTRAR 10/15/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W.W. Walton ADDRESS 3619-14th St N.W. Wash. D.C.

OCT 18
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09537

09562 CERTIFICATE OF DEATH Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beallsville X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Beallsville.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) L. (Last) Fisher
4. DATE OF DEATH: (Month) Oct (Day) 8th (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	married	March 8, 1852	102 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Charles Arthur
14. MOTHER'S MAIDEN NAME: Nettie Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: William R. Hood Beallsville md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Coronary thrombosis	½ hour
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Arteriosclerosis DUE TO	20 years
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Fractured right femur	1 month

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1954, to Oct 8, 1954, that I last saw the deceased alive on 8 Oct, 1954, and that death occurred at 3 A. M, from the causes and on the date stated above.

SIGNATURE John E. Lawcett M. D. ADDRESS Boyd, Md. DATE SIGNED Oct. 11, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/11/54	Church Cemetery	Barnesville, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 11, 1954
REGISTRAR'S SIGNATURE Charles W. Elgin
24. FUNERAL DIRECTOR ADDRESS R. L. Snowden, Rockville, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09538

CERTIFICATE OF DEATH

09563

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10/13 - 10/17/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY Delaware
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rosemont
STREET ADDRESS (If rural give location) 15 Howry Lane

3. NAME OF DECEASED: (First) Mrs. (Middle) Marion (Last) B. Fleet
(Type or Print)

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3/15/98
9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months 2 Days — IF UNDER 24 HRS. Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Lincoln Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. G. Bell.
14. MOTHER'S MAIDEN NAME: Georgiana Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNKNOWN
17. INFORMANT & ADDRESS: Francis E. Fleet Husband (about address).

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 da.
ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Arteriosclerosis, general — 5 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1954 to Oct. 17, 1954 that I last saw the deceased alive on Oct. 17, 1954, and that death occurred at 10.15 A.M., from the causes and on the date stated above.

SIGNATURE Leo M. Curtis M.D. ADDRESS 5707 Wisconsin Ave DATE SIGNED 10/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit
DATE THEREOF 10-18-54
NAME OF CEMETERY OR CREMATORY Radnor Meth. Church Cem.
LOCATION (City, town, or county) (State) Rosemont, Pa.

DATE REC'D BY LOCAL REGISTRAR 10/18/54
REGISTRAR'S SIGNATURE Minnie Mae Hampton
24. FUNERAL DIRECTOR Robert A. Humphreys
ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09508 CERTIFICATE OF DEATH

Reg. Dist. No. 09539 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 221 Manor Circle

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Coleman (Last) Frisbie

4. DATE OF DEATH: (Month) Oct. (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 17, 1863

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Horse Breeder

10B. KIND OF BUSINESS OR INDUSTRY: Horse Breeding & Racing

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Frisbie

14. MOTHER'S MAIDEN NAME. Hulda Kyndendale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Virginia Smithsicum, 221 Manor Circle T.P.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Cardiac Insufficiency + Cardiac arteriosclerosis — few days

ANTECEDENT CAUSE (B) DUE TO: Emphysema, — 2y

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Old age

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 0 — **19B. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — **21B. PLACE** (Home, farm, factory OF INJURY street, office bldg., etc.) — **21C. WHERE DID INJURY OCCUR?** (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21E. INJURY OCCURRED** While at work ☐ Not while at work ☐ — **21F. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10/9, 1954, to 10/14, 1954, that I last saw the deceased alive on 10/13/1954, and that death occurred at 1:50 M, from the causes and on the date stated above.

SIGNATURE C. H. Nordlinger, M.D. — ADDRESS 500 Underwood St. NW — DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — **DATE THEREOF** Oct 16, 1954 — **NAME OF CEMETERY OR CREMATORY** Ft. Lincoln Crematory — **LOCATION** (City, town, or county) (State) Bladensburg P.G. Co. Md

DATE REC'D BY LOCAL REGISTRAR Oct 14 1954 — **REGISTRAR'S SIGNATURE** Wilma Dodd — **24. FUNERAL DIRECTOR** Arthur Walters — **ADDRESS** 254 Carroll St NW Takoma Park D.C.

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 12540

09564 **CERTIFICATE OF DEATH** Reg. Dist. No. 191

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR ~~INSTITUTION OR~~ STREET ADDRESS Suburban Hospital Old Georgetown Rd, Bethesda

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 415 W. Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Louis (Last) Gardiner

4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 2/15/92

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Safety engineer

10B. KIND OF BUSINESS OR INDUSTRY: Suburban Sanitary Commission

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. George L. Gardiner

14. MOTHER'S MAIDEN NAME: Marie Bowlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Mary Alda Lambdin, Baltimore, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Paralytic Ileus	15 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	Bronchiogenic Carcinoma with metastases	2 mo.
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6, 1954, to 10/18, 1954, that I last saw the deceased alive on 10/18, 1954, and that death occurred at 12:45 AM, from the causes and on the date stated above.

SIGNATURE Stephen C. Cromwell, M D ADDRESS Rockville, Md. DATE SIGNED 10/18/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-20-54

NAME OF CEMETERY OR CREMATORY St. Louis

LOCATION (City, town, or county) (State) Clarksville, Md

DATE REC'D BY LOCAL REGISTRAR 10-18-54

REGISTRAR'S SIGNATURE John B. Laughead, Pa B.E.S. Mrs. Bessie Thompson mat.

24. FUNERAL DIRECTOR ADDRESS F.C. Higinbothom, Ellicott City, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09542

09565 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8205 Mooreland Lane

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 8205 Mooreland Lane

3. NAME OF DECEASED: (Type or Print) (First) RILEY (Middle) H. (Last) GUTHRIE.
4. DATE OF DEATH: (Month) Oct (Day) 23 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 12, 1895	59 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Physician	NIH-US Gov't.	Arkansas	US

13. FATHER'S NAME: Riley H. Guthrie
14. MOTHER'S MAIDEN NAME: ? Philips

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes	WW 1		Mildred V. Guthrie-Item 2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Artery Acute Angina DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 23 54, to 10-23-, 1954, that I last saw the deceased alive on 23/Oct, 1954, and that death occurred at 7-15 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles C. Halley M.D. 915-19th St N.W. Wash DC 23/Oct/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-26-'54	Arlington National	Arlington, Virginia

DATE RECD BY LOCAL REGISTRAR 10/23/54 REGISTRAR'S SIGNATURE Bessie M. Thompson M. FUNERAL DIRECTOR Robert H. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09543

09566 CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH.
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
LENGTH OF STAY (in this place) 2 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING
STREET ADDRESS (If rural give location) 314 HILLMOOR DR.

3. NAME OF DECEASED: (Type or Print) (First) CHARITY (Middle) ELIZABETH (Last) HARRIS

4. DATE OF DEATH: (Month) OCT (Day) 13 (Year) 1954

5. SEX F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED | 8. DATE OF BIRTH: APR. 24, 1872 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME | 10B. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): W. VIRGINIA | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM A. BATTEN

14. MOTHER'S MAIDEN NAME: LUCINDA BELL NORMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: F. LUCILLE HARRIS 314 HILLMOOR DR. SILVER SPRING

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hemorrhage, Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Hypertension — 15 yrs.
(C) DUE TO Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/8, 1954 to 10/13, 1954, that I last saw the deceased alive on 10/13/54, 19 ., and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE C.W. Smith, M.D. ADDRESS 4601 16th St. NW DATE SIGNED 10/13/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 10/16/54 | NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY | LOCATION (City, town, or county) (State) SUITLAND, MD.

DATE REC'D BY LOCAL REGISTRAR 10-14-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR J. W. Lee Funeral Co. | ADDRESS 300 4½ St. N.E. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09567 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fairfax
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church
STREET ADDRESS (If rural give location) 1103 Peyton Randolph Drive

3. NAME OF DECEASED: (Type or Print) (First) Lynn (Middle) Elizabeth (Last) HARVATH

4. DATE OF DEATH: (Month) October (Day) 20 (Year) 19 54

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: 29 May 1954 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months 4 Days 23 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Bethesda, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael D. HARVATH | 14. MOTHER'S MAIDEN NAME: Jeanne M. SPINDLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father: Michael D. Harvath 1103 Peyton Randolph Drive, Falls Church, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Cardiac Decompensation	48 hr.
ANTECEDENT CAUSE (B) DUE TO	Tetralogy of Fallot	4½ mo.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 20 Oct 1954 | 19B. MAJOR FINDINGS OF OPERATION: Tetralogy of Fallot | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1954, to 22 Oct, 1954, that I last saw the deceased alive on 22 Oct, 1954, and that death occurred at 4:05 P. M, from the causes and on the date stated above.

(SIGNATURE) [illegible], Jr. M.D. MC USNR | ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland | DATE SIGNED 25 October 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 25 October 1954 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 25 October 1954 | REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR Lee Funeral Home 4th and M[illegible] | ADDRESS Avenue, N.E., Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

09568

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09545

Reg. Dist. No. 2 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Rt 2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) 7 (Day) [illegible] (Year) 19 54
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: [illegible]
9. AGE last birthday: 74 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: In Home
11. BIRTHPLACE (State or foreign country): [illegible]
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Failure	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Valvular heart disease	2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J Groschent M.D. (Degree or title) ADDRESS: Ft Fredrick Md DATE SIGNED: 10-9-54

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible] DATE THEREOF: 10-9-54 NAME OF CEMETERY OR CREMATORY: Ft Frederick Cem. LOCATION (City, town, or county) (State): Williamsport Md

DATE REC'D BY LOCAL REG. 10-9-54 REGISTRAR'S SIGNATURE: Gertrude B Fawley
24. FUNERAL DIRECTOR: Roy W Barkdoll & Son ADDRESS: Hagerstown Md

VS. A15A

OCT 13
BOARD V. S.

09569 Item 7, Film G172 11-1-54 et 09546

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda ✓
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4511 Rosedale Avenue ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 1922 Lawrence St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) HAYMAKER

4. DATE OF DEATH (Month) Oct. (Day) 21, (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-1-1883	71 yrs.	9	20		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Floor Surfer	Self Emp.	May Maker, Va.	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Isaac Haymaker	? Compert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Bessie Reid Haymaker-Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

4201

Immediate cause (a) Coronary occlusion — DUE TO — Several days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ..... DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bruetsch M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 10-21-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/23/54	Ft. Lincoln	Prince George Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-23-54	Bessie M. Thompson	S.H. Hines Co.-2901 - 14th St. N.W. Washington, D.C.	

S.H. Hines Co #129

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

09570 2411 N. Charles Street, Baltimore 09547

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Co. Gen. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) 402 Falls Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) PETER (Last) HENDERSON

4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-2-76

9. AGE last birthday: 78 yrs. If under 1 year: Months 8 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pres.-

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Rockville, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James B. Henderson

14. MOTHER'S MAIDEN NAME: Clara Adamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 217-14-6908

17. INFORMANT AND ADDRESS: Mary J. Henderson- Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis — Interval between onset and death: 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 54, to Oct. 14, 19 54, that I last saw the deceased alive on Oct. 14, 19 54 and that death occurred at 5 30 P.M., from the causes and on the date stated above.

SIGNATURE: Wm. P. Smithwick, MD (Degree or title) ADDRESS: Rockville, Md. DATE SIGNED: 10/15/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10-10-54

NAME OF CEMETERY OR CREMATORY: Hyattstown Meth. Church

LOCATION (City, town, or county) (State): Hyattstown, Md.

DATE REC'D BY LOCAL REG. 10-15-54

REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Robert T. Dunphrey ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09548

09571

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH. COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1.0 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 2[illegible] Street, apt 4 N.W.

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Mary (Last) HIMMLER

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1954

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated | 8. DATE OF BIRTH: 10-30-05 | 9. AGE last birthday 48 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Housewife | 11. BIRTHPLACE (State or foreign country): Washington, D.C. | 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Edward BRENNAN

14. MOTHER'S MAIDEN NAME: Della HEALY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Daughter Mrs. Anne Armentrout [illegible] 41st St apt 4 [illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma - Metastatic DUE TO

ANTECEDENT CAUSE (B) Granulosa cell carcinoma, ovary DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

INTERVAL BETWEEN ONSET AND DEATH: (A) Unknown (B) Two years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Sept., 1954 to 29 Oct., 1954, that I last saw the deceased alive on 29 Oct., 1954, and that death occurred at 4:10 M, from the causes and on the date stated above.

SIGNATURE R. B. [illegible] M.C. U.S.N. ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 10-29-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1 Nov 1954 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR [illegible] | REGISTRAR'S SIGNATURE Mary E. Farrelly | 24 FUNERAL DIRECTOR [illegible] Funeral Home | ADDRESS [illegible], D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 . 09549

09572 CERTIFICATE OF DEATH Reg. Dist. No. 2-17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney, X
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Spring X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Hopkins

4. DATE OF DEATH: (Month) October (Day) 21 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single | 8. DATE OF BIRTH: Oct. 21, 1954 | 9. AGE last birthday: Newborn yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours 2 Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME: Merle Elaine Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Born premature (4½ Hrs.) — 2 hours
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21, 1954 to 10/21, 1954 that I last saw the deceased alive on 10/21, 1954, and that death occurred at 7:15 PM, from the causes and on the date stated above.
SIGNATURE A. Benjamin M. D. ADDRESS Sandy Spring DATE SIGNED 10/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 23/54 | NAME OF CEMETERY OR CREMATORY Sandy Spring Methodist Cemetery | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 10-22-54 | REGISTRAR'S SIGNATURE Gertrude B Fawley | 24. FUNERAL DIRECTOR Robert P. Snowden | ADDRESS Rockville, Md

RECEIVED
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BUREAU V. S.

09573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. (19550)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2107 Lanier Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2107 Lanier Drive

3. NAME OF DECEASED: (Type or Print) (First) Christian (Middle) (Last) Horn

4. DATE OF DEATH (Month) Oct. (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Oct. 5, 1954

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Takoma Park, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Horn

14. MOTHER'S MAIDEN NAME: Cornelia Coffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. James E. Horn, 2107 Lanier Drive, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Bronchio-pneumonia (bilateral)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: —

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bosehart M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10 30 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 10/30/54

NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REG. 11-1-54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Clarence E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09551

09574 CERTIFICATE OF DEATH Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pine View Nursing Home River Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Col. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4713
STREET ADDRESS (If rural give location) 2022 Columbia Rd., N.W.

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) (Last) HOWARD
4. DATE OF DEATH: (Month) Oct. (Day) 8, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Dec. 11, 1888	65 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank D. Middleton
14. MOTHER'S MAIDEN NAME: Cora E. Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Busey H. Howard, Jr. 3201 Coquelin Terrace, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Congestive Heart Failure	2 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerosis	10 years
	(c) DUE TO Chronic Cystitis	7 mos.

11 OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. ....., 19 54, to 8 Oct., 19 54, that I last saw the deceased alive on 10 Oct., 1954, and that death occurred at 11 AM, from the causes and on the date stated above.

SIGNATURE W. B. Mundy Jr. M.D. (Degree or title)
ADDRESS Rockville Md
DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 10/11/1954
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REGISTRAR 10/11/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Joseph Gawler's Sons
ADDRESS 1756 Pa. Ave., N.W., D.C.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09552

09575 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Spencerville
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Huston (Last) Jennings
4. DATE OF DEATH: (Month) Oct (Day) 10 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3/05/1898
9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Hunter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Danville Va.
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: Byrd Jennings
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 224-226640
17. INFORMANT & ADDRESS: Jesse Jennings Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 1 wk.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis — 8 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Oct, 1954, that I last saw the deceased alive on Oct 7, 1954, and that death occurred at 11:05 AM, from the causes and on the date stated above.

SIGNATURE A. B. Bonjaut (Degree or title) M.D. ADDRESS Sandy Spring, Md DATE SIGNED 10/10/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/13/54
NAME OF CEMETERY OR CREMATORY Burtonsville Union Cemetery
LOCATION (City, town, or county) Burtonsville, Montgomery Co. (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 10-12-54
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15

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OCT 15 1934
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09553

09576 CERTIFICATE OF DEATH Reg. Dist. No. 2 8

Item 2, FilmG172 11-8-54 et

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Gaithersburg
LENGTH OF STAY (in this place) 34 months
HOSPITAL OR INSTITUTION (OR STREET ADDRESS) Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. Washington, D.C. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) Asbury Methodist Home 3800 - 14th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Rosalie (Last) Johnston

4. DATE OF DEATH: (Month) Oct (Day) 31 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept-15-1863

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR Months 1 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Clerical

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Government

11. BIRTHPLACE (State or foreign country) London Co Eng

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Johnston

14. MOTHER'S MAIDEN NAME: Minnie Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No: 370-38-0105

17. INFORMANT & ADDRESS: Rhonda J Asbury Methodist Home, Gaithersburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

Immediate cause (a) Acute bronchitis — Interval Between Onset And Death 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Carcinoma of left breast and 5th rib-at sternum 5-6 years

DUE TO (c) (recurrent)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan-16-, 1952, to Oct-31-, 1954, that I last saw the deceased alive on Oct-29- 1954, and that death occurred at 4 AM., from the causes and on the date stated above.

SIGNATURE Nathan E. Miller M.D. (Degree or title) ADDRESS 7 Brookside, Gaithersburg Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-2-54 NAME OF CEMETERY OR CREMATORY Glenwood LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR NOV. 1 1954 REGISTRAR'S SIGNATURE Ernest G. Forde

24. FUNERAL DIRECTOR Ernest G. Gaither ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Pt. – She said she had her left breast removed about 5 years ago. When she was first examined by the physician in the Asbury Methodist home a nodule the size of a small bullet was seen in the uterine end of the 5th rib (2-16-1952). Surgery was not recommended by her surgeon.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09554

09577 CERTIFICATE OF DEATH Reg. Dist. No. .....

1. PLACE OF DEATH: Bethesda 1 4615 Highland Ave
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 6 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS ^

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson
STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED (Type or Print): (First) LLOYD (Middle) JAMES (Last) JONES

4. DATE OF DEATH: (Month) Oct. (Day) 18 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Nov. 19, 1878 | 9. AGE last birthday 75 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business | 10B. KIND OF BUSINESS OR INDUSTRY: Farm Equipment | 11. BIRTHPLACE (State or foreign country): Dickerson, Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mercer Jones

14. MOTHER'S MAIDEN NAME: Elizabeth Trundle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-44-9470

17. INFORMANT & ADDRESS: Mrs Elizabeth Gallery - Daughter 4424 Montgomery Ave, Bethesda, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Carcinoma of Liver — 8 Months
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic heart disease — Seven years

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1954, to Oct. 18, 1954, that I last saw the deceased alive on October 18, 1954, and that death occurred at 3:05 P M, from the causes and on the date stated above.
SIGNATURE Robert H Poole M. D. ADDRESS 4630 Montgomery Ave Bethesda, Md DATE SIGNED Oct. 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 21-54 | NAME OF CEMETERY OR CREMATORY St Mary's | LOCATION (City, town, or county) (State) Barnesville, Md

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE Mary E Farrelly | 24. FUNERAL DIRECTOR ADDRESS William B. Hilton, Barnesville

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

09578

09555 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 9 Y.O.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4600 Jones Bridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4600 Jones Bridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Kelly

4. DATE OF DEATH: (Month) Oct (Day) 1 (Year) 1954

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: July 24, 1877

9. AGE last birthday: 77 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Kelly

14. MOTHER'S MAIDEN NAME: ---- Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 134-14-8155

17. INFORMANT & ADDRESS: Mrs. John R, Barrett Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO Coronary Occlusion — Interval Between Onset and Death: Indefinite

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c) Hypertension — Interval Between Onset and Death: "

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Grant J. Beuchert M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 10-1-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit

DATE THEREOF 10-3-54

NAME OF CEMETERY OR CREMATORY Calvary Cemetery

LOCATION (City, town, or county) (State) Long Island, New York

DATE REC'D BY LOCAL REG. 10/2/54

REGISTRAR'S SIGNATURE Lucie M. Thompson

FUNERAL DIRECTOR Robert H. Lumphrey

ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09556

09579 # CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 10-7/12-10-12/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2032 Penny St. N.E.
STREET ADDRESS (If rural give location) Washington DC

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mrs. Clara C. Kenyon

4. DATE OF DEATH: (Month) Oct. 12 (Day) (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	W.	W.	1/6/76	78 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): N.W.
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Coshen
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: 1524 Lion Gate Wm E. Kenyon, Son Silver Spg Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — ?

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1954 to Oct., 1954, that I last saw the deceased alive on Oct., 1954, and that death occurred at 5 P M, from the causes and on the date stated above.
SIGNATURE William D. Arnold M. D. ADDRESS Silver Spring, Md DATE SIGNED 12/Oct 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/54	Fort Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/13/54	Bessie M. Harrington	J. William Leis Sons Co.	Washington DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09557

09509 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park 12 — LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) [illegible] 25th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) William (Last) Keohan

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married — 8. DATE OF BIRTH: 11-17-76 — 9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired — 10B. KIND OF BUSINESS OR INDUSTRY: Newspaper Writer — 11. BIRTHPLACE (State or foreign country): New York — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Keohan — 14. MOTHER'S MAIDEN NAME: Sarah Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mary C. Clarke R.N. 9107 Flower Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Aortic Pyelonephritis	week
ANTECEDENT CAUSE (B) DUE TO	Uremia	2 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO	Generalized Arteriosclerosis	years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1954, to 10-14, 1954, that I last saw the deceased alive on 10-13, 1954, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M.D. — ADDRESS Takoma Park 12, Md. — DATE SIGNED 10-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial-Interment — DATE THEREOF 10-16-54 — NAME OF CEMETERY OR CREMATORY: Holy Name Cem. — LOCATION (City, town, or county) (State): Jersey City N. J.

DATE REC'D BY LOCAL REGISTRAR: Oct 14 1954 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR: Francis J. Collins — ADDRESS 3821-14 St. N.W. Wash. D.C.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 18 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09558

09580 CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH:
COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 2-3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Georgia COUNTY ...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) East ...
STREET ADDRESS (If rural give location) 2400 Lee Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Bruce (Last) KIRBOW

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 19 54

5. SEX Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-3-49

9. AGE last birthday 4 yrs. IF UNDER 1 YEAR Months ... Days ... IF UNDER 24 HRS. Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles B. Kirbow

14. MOTHER'S MAIDEN NAME: Blanche MIXON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father Mr. Charles B. KIRBOW 2400 Lee Street, East ..., Ga.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia -

ANTECEDENT CAUSE (B) DUE TO Lymphosarcoma, Reticulum Cell Type -

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 1 day 4½ Hrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 21 Aug, 1954, to 29 Oct, 1954, that I last saw the deceased alive on 29 Oct, 19 54 and that death occurred at 10:[illegible] AM, from the causes and on the date stated above.

SIGNATURE W. S. Matthews, M.D. ADDRESS ... DATE SIGNED

... CDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland 10-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1 Nov 1954

NAME OF CEMETERY OR CREMATORY Marietta National Cemetery

LOCATION (City, town, or county) Marietta, Georgia (State)

DATE REC'D BY LOCAL REGISTRAR ... 1954

REGISTRAR'S SIGNATURE Mary E Farrelly

24. FUNERAL DIRECTOR [illegible] Funeral Home ADDRESS 7557 [illegible] Avenue, ..., D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0581 C9559

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 11 · Film G 171 - 10-13-54 L

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md (Washington) COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Washington, D.C.) Silver Spring
STREET ADDRESS (If rural give location) 9810 Georgia Ave N.W.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) KOONTZ

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: Dec. 15 1863 | 9. AGE last birthday: 90 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Gate Tender | 10b. KIND OF BUSINESS OR INDUSTRY: Printing | 11. BIRTHPLACE (State or foreign country): Washington D.C. (Bethesda Ireland) | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George S. Koontz | 14. MOTHER'S MAIDEN NAME: Jane Gaston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.2 (a) ACUTE MYOCARDITIS DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC MYOCARDITIS DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 2, 1954, to Oct. 6, 1954, that I last saw the deceased alive on Oct. 6, 1954, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

SIGNATURE Henry Sy Lowden | (Degree or title) M.D. | ADDRESS 5206 Norway Rd. Chevy Chase, Md. | DATE SIGNED Oct. 6, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 9, 1954 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem. | LOCATION (City, town, or county) Washington | (State) DC

DATE REC'D BY LOCAL REGISTRAR 10-6-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR & ADDRESS J. William Lee's Sons Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT 11
BUREAU V. S.

09560

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09582 **CERTIFICATE OF DEATH** Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY ... MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital 50

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE California COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Valley Center
STREET ADDRESS (If rural give location) Box 613

3. NAME OF DECEASED: (First) Richard (Middle) Joseph (Last) KOOPMANN
4. DATE OF DEATH: (Month) October (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 5-17-31
9. AGE last birthday 23 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William KOOPMANN
14. MOTHER'S MAIDEN NAME: Anna R. KOLO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS Mrs. Dorothy L. KOOPMANN 613 Valley Center, California

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 451X	(A) Encephalomalacia, right cerebrum	7 days.
ANTECEDENT CAUSE (B) Second	DUE TO (B) Rupture of aneurysm of right internal carotid artery	7 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO Primary rupture of internal carotid aneurysm	25 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-20-54 + 10-21-54
19B. MAJOR FINDINGS OF OPERATION: Rupture of aneurysm of right internal carotid artery
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 5 Oct, 19 54 to 27 Oct., 19 54 that I last saw the deceased alive on 27 Oct., 1954, and that death occurred at 9:08 M. from the causes and on the date stated above.

SIGNATURE E. P. Pullen — ADDRESS E. P. [illegible] LCDR MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 10-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2 Nov 1954 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR ... — REGISTRAR'S SIGNATURE Mary E. Farrelly — 24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09561

09583

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POTOMAC X
LENGTH OF STAY (in this place) 14 DAYS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS PINEVIEW REST HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY PR. GOs Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT RAINIER.
STREET ADDRESS (If rural give location) 4815 RAINIER AVE.

3. NAME OF DECEASED: (Type or Print) (First) AMELIA (Middle) (Last) LANHAM

4. DATE OF DEATH: (Month) OCT (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: MAR 19 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): GOVT EMPLOYEE

10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVT.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JOHN W. LANHAM

14. MOTHER'S MAIDEN NAME: AMELIA MILLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: NO

17. INFORMANT & ADDRESS: CLARA LANHAM 4115 RAINIER AVE MT RAINIER MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary occlusion — minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) gen'l Arteriosclerosis c Cardiac — 30 yrs
DUE TO (c) Hypostatic — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19 54, to Nov 1 19 54, that I last saw the deceased alive on Nov 1 19 54, and that death occurred at 8 P.M., from the causes and on the date stated above.

SIGNATURE W B Humphrey (Degree or title) ADDRESS Rockville Md DATE SIGNED Nov 2 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/25/54
NAME OF CEMETERY OR CREMATORY Congressional
LOCATION (City, town, or county) Wash & (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 10/25/54
REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR The S.H. Hines Co ADDRESS 2901 14th St N.W. Washington D.C.

VS. A15

RECEIVED
OCT 27 1911
BUREAU V. S.

09510

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09562

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (In this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hosp. 25

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 2309 Yale Ave

3. NAME OF DECEASED: (Type or Print) (First) Leslie (Middle) Walter (Last) Lamp

4. DATE OF DEATH: (Month) 10 (Day) 27 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 2-20-83
9. AGE last birthday: 71 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10B. KIND OF BUSINESS OR INDUSTRY: Fed. Housing Admin
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Conrad Birnapp
14. MOTHER'S MAIDEN NAME: Elizabeth Swartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 2 Army
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington San. & Hosp. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7+ days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Arteriosclerotic Heart Disease — unknown
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of Prostate — unknown

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-14-, 1954, to 10-27, 1954, that I last saw the deceased alive on 10-27, 1954, and that death occurred at 7:34 A M, from the causes and on the date stated above.

SIGNATURE Gordon R. MacDonald M.D. ADDRESS 1801 Eye St. N.W. DATE SIGNED 10-27-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit-Burial
DATE THEREOF 10/29/54
NAME OF CEMETERY OR CREMATORY Stephen Town Cem.
LOCATION (City, town, or county) Stephentown (State) NY

DATE RECEIVED BY REGISTRAR Oct 27 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR The S. H. Hines Co
ADDRESS 2901-14th St. N.W. Wash. D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09563

09511 # CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 9305 Harvey Road

3. NAME OF DECEASED: (Type or Print) (First) GERTRUDE (Middle) (Last) LEBBIN
4. DATE OF DEATH: (Month) 10 (Day) 6 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 6-23-80
9. AGE Last birthday: 74 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Benno Maass, Germany
14. MOTHER'S MAIDEN NAME: Hulda Mann, Germany

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death: 4 days.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Sclerosis — 12 years.
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1954, to 10/6, 1954, that I last saw the deceased alive on 10/6, 1954, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Dessel M.D. ADDRESS 900-17th St. N.W. Wash D.C. DATE SIGNED 10/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-8-54
NAME OF CEMETERY OR CREMATORY King David Cemetery
LOCATION (City, town, or county) Falls Church
(State) Va

DATE REC'D BY LOCAL REGISTRAR Oct 7 1954
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Ramsburg & Son
ADDRESS 3501-14th St. NW. Wash D C

VS. A15

RECEIVED
OCT 11 1954
BUREAU V. S.

09564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09512 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
MARYLAND LENGTH OF STAY (In this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY —
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) District of Columbia
STREET ADDRESS (If rural give location) 811 Juniper ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Lewellen

4. DATE OF DEATH: (Month) 10 (Day) 26 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12-15-83

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Retired (own business)

11. BIRTHPLACE (State or foreign country): Mt. Morris, Penn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Coleman Lewellen

14. MOTHER'S MAIDEN NAME: Catherine XXXXX Hite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 174-12-1762

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Thrombosis, Cerebral. — INTERVAL BETWEEN ONSET AND DEATH: 4 hours.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Atherosclerosis, Cerebral. — 10 years.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ant. Pulmonary.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Oct. 26, 1954, that I last saw the deceased alive on Oct. 26, 1954, and that death occurred at 12:40 AM, from the causes and on the date stated above.

SIGNATURE James A. Roberts M.D. ADDRESS 4907 Georgia Ave. Silver Spring, Md. DATE SIGNED Oct 26, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	10/29/54	Cedar Grove Cemetery	Mt. Morris, Pennsylvania

DATE REC'D BY LOCAL REGISTRAR Nov. 2-1954 — REGISTRAR'S SIGNATURE E. Wilson Dodd — 24. FUNERAL DIRECTOR Warner & Pumphrey — ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09565

09584 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)
LENGTH OF STAY (in this place) In days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 614 Winans Way

3. NAME OF DECEASED: (Type or Print) (First) Leonard (Middle) Neal (Last) LINSLEY

4. DATE OF DEATH: (Month) October (Day) 27 (Year) 19 54

5. SEX Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 4-24-84
9. AGE last birthday 70 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner
10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Sherwood LINSLEY
14. MOTHER'S MAIDEN NAME: Ellen LEONARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I WW II
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Wife Mrs. Anne K. LINSLEY 614 Winans Way, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (B) DUE TO Thrombosis, Middle Cerebral Artery, Lt. — 10 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Arteriosclerosis, Generalized — 15 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive Vascular Disease — 15 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Oct., 1954, to 27 Oct., 1954, that I last saw the deceased alive on 27 Oct., 1954, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS R. S. [illegible] USN U. S. Naval Hospital, [illegible], Bethesda, Maryland DATE SIGNED 10-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1 Nov 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR [illegible]
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR R. A. [illegible] Funeral
ADDRESS 7.5[illegible] Wisconsin Avenue, Bethesda, Md.

09566

MARYLAND

STATE DEPARTMETT OF HEALTH

09585

CERTIFICATE OF DEATH

Reg. Dist. No. 216

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 10317 Montrose Ave.

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Mason (Last) Ludt

4. DATE OF DEATH: (Month) October (Day) 1 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 26 1875

9. AGE last birthday: 59 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate & Antiques

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William H. Ludt

14. MOTHER'S MAIDEN NAME: Sara Jane Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: yes-Unknown

17. INFORMANT AND ADDRESS: Mrs. Edith M. Ludt — 10317 Montrose Bethesda Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	15 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	?
	(c) Bronchial Pneumonia	7 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — ?

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 16 Sept., 1954, to 1 Oct., 1954, that I last saw the deceased alive on 1 Oct, 1954, and that death occurred at 2:15 P m., from the causes and on the date stated above.

SIGNATURE: John S. Ball — (Degree or title) M.D. — ADDRESS 7936 Georgetown Rd Bethesda 14 Md — DATE SIGNED 1 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit — DATE: 10-2-54 — NAME OF CEMETERY OR CREMATORY: Benedum Memorial — LOCATION (City, town, or county) (State): Bridgeport Co., W. Va.

DATE REC'D BY LOCAL REG.: 10/1/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Robert H. Humphrey — ADDRESS: Bethesda, Md.

OCT 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09567

09586 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Waldorf
STREET ADDRESS (If rural give location) Berry Rd.

3. NAME OF DECEASED: (Type or Print) (First) Sharon (Middle) (Last) Major

4. DATE OF DEATH: (Month) Oct. (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 24, 1944

9. AGE last birthday: 9 yrs. IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours ---- Min. ----

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): -----

10B. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Major

14. MOTHER'S MAIDEN NAME: Bertha Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT & ADDRESS: The Medical Record; The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) undiagnosed renal disease DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -----

19B. MAJOR FINDINGS OF OPERATION -----

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) NO

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) -----

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ----- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Sept. 17, 1954 to Oct. 3, 1954, that I last saw the deceased alive on Oct. 3, 1954, and that death occurred at 4:25P M, from the causes and on the date stated above.

SIGNATURE William R. Rowen M.D. ADDRESS The Clinical Center, NIH DATE SIGNED Oct. 3, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/6/54 | NAME OF CEMETERY OR CREMATORY Arlington Nat | LOCATION (City, town, or county) (State) Arlington Va.

DATE REC'D BY LOCAL REGISTRAR 10-6-54 | REGISTRAR'S SIGNATURE Mary Farrelly M. L. Montrymal | 24. FUNERAL DIRECTOR Hunt & Ryon | ADDRESS Waldorf Md.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 8 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09568

09587 CERTIFICATE OF DEATH Reg. Dist. No. 2 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED: (Type or Print) (First) Algie (Middle) Raymond (Last) McAlister

4. DATE OF DEATH: (Month) October (Day) 18 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 6/1/1918

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Raymond Algie McAlister

14. MOTHER'S MAIDEN NAME: Mary Lovenia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) !

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Congestive heart failure — 4 yrs.

DUE TO

(C) Hypertension — 8 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 52 to Oct 54, that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

SIGNATURE L. D. Bomgardt, M. D. ADDRESS Sandy Spring, Md. DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 21/1954 | NAME OF CEMETERY OR CREMATORY Good Hope | LOCATION (City, town, or county) Gaithersburg Md (State)

DATE REC'D BY LOCAL REGISTRAR 10-21-54 | REGISTRAR'S SIGNATURE Gertrude B Fawler | 24. FUNERAL DIRECTOR Robert L Snowden | ADDRESS Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09588 CERTIFICATE OF DEATH 09569

Reg. Dist. No. 2-17

Item 6, Film G173 11-23-54 et

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Olney
LENGTH OF STAY (in this place) 1 WK.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3201 Winnett Road —

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) G. (Last) McCall

4. DATE OF DEATH: (Month) Oct. (Day) 19 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: Nov. 11 1874

9. AGE last birthday: 79 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Scientist

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: M. D. McCall

14. MOTHER'S MAIDEN NAME: Harriett Flower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Herbert F. McCall - 1332 N.H. Ave, N.W., D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cardiac failure, uremia, diabetic coma. — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic heart disease, diabetes.

DUE TO

(c) paraplegia due to cerebrovascular accident in past.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 12, 19 54, to Oct. 19, 1954, that I last saw the deceased alive on Oct. 19, 1954 and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lillian K. Ziegler — ADDRESS Olney — DATE SIGNED Oct. 19, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 10/19/54 — NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem — LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR Oct 19 - 54 — REGISTRAR'S SIGNATURE Gertrude B. Fowler

24. FUNERAL DIRECTOR Wm. Conton & Hyson — ADDRESS 1300 N St NW Washington DC

VS. A15

OCT 2
BUREAU V. S.

09589

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09570

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norbeck
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rockville RFD # 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Norbeck
STREET ADDRESS (If rural, give location): Rockville RFD # 2

3. NAME OF DECEASED (Type or Print): (First) Betty (Middle) E. (Last) McKelvin

4. DATE OF DEATH: (Month) Oct. (Day) 2, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 10, 1933

9. AGE last birthday: 20 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Gus McKelvin

14. MOTHER'S MAIDEN NAME: Sarah L. Stafford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Sarah L. McKelvin (Mother) R.F.D. #2 Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage due to Shot gun wound.	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left carotid artery due to	Death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.): INJURY: Car
(CITY OR TOWN): Norbeck (COUNTY): Monty (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 10 2 54 2 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? was shot while sitting in car

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE: Frank J. Bosehart (Degree or title) M.D. ADDRESS: Gaithersburg, Md DATE SIGNED: 10-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-5-54
NAME OF CEMETERY OR CREMATORY: Mt Pleasant
LOCATION (City, town, or county) (State): Montrose, Md

DATE REC'D BY LOCAL REG.: 10-5-54
REGISTRAR'S SIGNATURE: Gertrude B Fowler
24. FUNERAL DIRECTOR: Ford L. Saunders ADDRESS: Rockville, Md

OCT 11 1954
BUREAU V. S.

09571

MARYLAND 09590 **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 5222 Roosevelt Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 5222 Roosevelt Street

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (NMI) (Last) McRAE

4. DATE OF DEATH: (Month) Oct. (Day) 24, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-19-'64

9. AGE last birthday: 90 yrs. If under 1 year: Months 8, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Self Emp.

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peter McRae

14. MOTHER'S MAIDEN NAME: Mary J. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: J.L. Brauer- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cardiac failure — Interval Between Onset and Death: several yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 48, to Oct 24, 19 54, that I last saw the deceased alive on Oct 24, 19 54, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

SIGNATURE: I. H. Mish (Degree or title) M.D. ADDRESS 2011- R St. N.W. DATE SIGNED Oct 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit | DATE: 10-26-54 | NAME OF CEMETERY OR CREMATORY: Fairview | LOCATION (City, town, or county) (State): Stillwater, Minnesota

DATE REC'D BY LOCAL REG. 10/25/54 | REGISTRAR'S SIGNATURE: Bessie M. Thompson | cf. FUNERAL DIRECTOR: Robert C. Pumphrey | ADDRESS: Bethesda, Md.

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09591 **CERTIFICATE OF DEATH** Reg. Dist. No. 09572

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Olney
LENGTH OF STAY (in this place): 3 hr. 40 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery Co. General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural give location): 206 Monroe Street

3. NAME OF DECEASED: (First) Edward (Middle) John (Last) Melsh
4. DATE OF DEATH: (Month) October (Day) 12 (Year) 19 54
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 12, 1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 3 Min. 30
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Newborn
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward George Melsh
14. MOTHER'S MAIDEN NAME: Jo Anne Mary Frances Kingdon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): —
(If Yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 776x Prematurity - 6 months - 2 lb. 1/4 oz. —
DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.
(b) (Cause of premature labor unexplained)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1954 to Oct. 12, 1954, that I last saw the deceased alive on Oct. 12, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE: Wm A. Feathermen (Degree or title) M.D. ADDRESS: Rockville Md. DATE SIGNED: 10/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 10-14-54
NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery
LOCATION (City, town, or county) (State): Rockville, Md
DATE REC'D BY LOCAL REGISTRAR: 10-13-54
REGISTRAR'S SIGNATURE: Gertrude B Sawyer
24. FUNERAL DIRECTOR: Robert A Dunphrey
ADDRESS: Bethesda Md

RECEIVED
OCT 15 1954
BUREAU V. S.

09592

09573

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring. LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10213 Georgia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10213 Georgia Ave

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) Estelle (Last) Meyer

4. DATE OF DEATH (Month) Oct (Day) 22 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Heinzmann

14. MOTHER'S MAIDEN NAME: Summacher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Henry Meyer (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Coronary occlusion — Several years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Rubenstein M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 10-22-54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct. 25, 1954	GEO WASHINGTON CEM	Riggs Rd. Pr Geo. Co	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10 25 54	Frances Potter	Joseph L. Faherty	254 Carroll St. N.W. Takoma Park 12, D.C.

VS. A15A - 5 - 53

MARYLAND 09593

09574

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sumner
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Sumner
STREET ADDRESS (If rural, give location): 5110-Marlyn Drive

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) E. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): Oct. 21, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: oct. 30, 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. AL OCCUPATION (Give kind of work done during most of working life, even if retired): Board of Governors

10b. KIND OF BUSINESS OR INDUSTRY: Federal Reserve System

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: J. B. Miller

14. MOTHER'S MAIDEN NAME: Ida Blueburgh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Margaret J. Miller 5110-Marlyn Dr. Sumner, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion — Interval between onset and death: 8 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Hypertensive heart disease — 2 yrs.

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/21/54 2 A.m., 19..., to 10/21/54, 19..., that I last saw the deceased alive on 10/21, 19..., and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE: S. A. Thomas MD (Degree or title) — ADDRESS: S. A. THOMAS, M.D. 4301-48TH ST., N.W. WASHINGTON, D. C. — DATE SIGNED: 10/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/23/54 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): St. Paul Minn.

DATE REC'D BY LOCAL REG.: 10/21/54 — REGISTRAR'S SIGNATURE: Bessie McThompson

24. FUNERAL DIRECTOR: The W. Hines Co. — ADDRESS: 2901-14th St. N.W. Wash. 9, D. C

MARGIN RESERVED FOR BINDING

10/21/87

Talked by phone with Dr. F. Brochart & he approved Signature

SLR Thomas MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09513

CERTIFICATE OF DEATH

09575 Reg. Dist. No. 23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville Dist 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ina (Last) Moxley

4. DATE OF DEATH: (Month) Oct (Day) 8 (Year) 1954

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 10-27-1872 | 9. AGE last birthday 81 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Traile

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: Daughter Rockville Route #1

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Diabetic Coma	60 Hours
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Cerebral Thrombosis DUE TO	30 Hours
	Chronic Diabetes Mellitus	12 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Advanced Arteriosclerosis & complete Heart Block	20 yrs

19A. DATE OF OPERATION — | 19B. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1950, to Oct 8, 1954 that I last saw the deceased alive on Oct 8, 1954, and that death occurred at 3:20 A. M., from the causes and on the date stated above.

SIGNATURE Kenneth B. Laughlin M. D. ADDRESS 934 Edmonston Dr Silver Spring DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 11, 1954 | NAME OF CEMETERY OR CREMATORY Darnestown Cem. | LOCATION (City, town, or county) (State) Darnestown, Md.

DATE REC'D BY LOCAL REGISTRAR Oct 9 1954 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey, Bethesda, Md.

OCT 11 1954

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09576

09594

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 43 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 2209 Evart St., N.E.

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) - (Last) Murphy

4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ----

8. DATE OF BIRTH: 1 April 1954

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 6 Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sinclair Murphy

14. MOTHER'S MAIDEN NAME: Dorothy Thorne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cutaneous and oral moniliasis

ANTECEDENT CAUSE (S) (B) XXXXXX and secondarily infected generalized dermatitis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) ? Familial Ichthyosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. -----

19A. DATE OF OPERATION: ---

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) ------

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 20, 1954, to Oct. 2, 1954, that I last saw the deceased alive on Oct. 2, 1954., and that death occurred at 7:55A M, from the causes and on the date stated above.

SIGNATURE Robert D Ourand M.D. ADDRESS The Clinical Center Natl. Inst. of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 10-8-54

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) (State) Wash., D.C.

DATE REC'D BY LOCAL REGISTRAR 10/16/54

REGISTRAR'S SIGNATURE Bernice M. Thompson

24. FUNERAL DIRECTOR Frazier

ADDRESS 389-R.I. Ave. N.W.

RECEIVED
OCT 8 1914
BUREAU V. S.

09577

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09573

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

Item 12, Film G172 10-25-54 ST

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 931 Longfellow St NW

3. NAME OF DECEASED: (Type or Print) (First) Norris (Middle) (None) (Last) Needle

4. DATE OF DEATH: (Month) 10 (Day) 14 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: Jewish
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 3-25-94
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 9, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezra Needle
14. MOTHER'S MAIDEN NAME: Minnie Goldsmith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Washington San + hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Hepatic Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Cirrhosis of Liver — Long Duration
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchiogenic Carcinoma-Lt Lung

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/12, 1954 to 10/14, 1954 that I last saw the deceased alive on 10/14, 1954 and that death occurred at 7:45 P.M. from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson, M.D. ADDRESS M.D. 7896 Georgia Ave. SS. Md DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit 10/17/54 | DATE THEREOF | NAME OF CEMETERY OR CREMATORY Beth Israel | LOCATION (City, town, or county) Wash D.C. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 14 1954 | REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR Goldberg Funeral Home ADDRESS 4212-4216 Ga Ave NW Wash D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09578

09515 CERTIFICATE OF DEATH Reg. Dist. No. 22,3...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md 17
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp Takoma Park, MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY D. C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural give location) 6407 3rd st. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Blanche (Last) Neff

4. DATE OF DEATH: (Month) 10 (Day) 3 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-13-1878
9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Union Trust Co.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron H. Neff
14. MOTHER'S MAIDEN NAME: Melinda Winter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Lottie Smith 6407 3rd st. N.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary occlusion, terminal 104.9

ANTECEDENT CAUSE (B) Shock - Operation, incident to fractured Hip DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Hypertensive heart disease Congestive failure DUE TO

(D) Congestive failure DUE TO

INTERVAL BETWEEN ONSET AND DEATH: (A) 1 day - (B) yrs for by (C) Congestive failure by

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? YES ☐ NO ☐ 47

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) 6407 - 3rd St NW (County) (State) Wash DC

21D. TIME OF INJURY (Month) 10 (Day) 2 (Year) 54 (Hour) 7 M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒ retired
21F. HOW DID INJURY OCCUR? Fell returning from bath room

22. I hereby certify that I attended the deceased from 1951 to 10/3/54, that I last saw the deceased alive on 10/0/54, and that death occurred at 3:45 P M, from the causes and on the date stated above.

SIGNATURE C. W. Wolfrom M.D. ADDRESS 500 Underwood St NW DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 7-1954
NAME OF CEMETERY OR CREMATORY Rock Creek.
LOCATION (City, town, or County) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR Oct 3-1954
REGISTRAR'S SIGNATURE Mehrer Dodd.
24. FUNERAL DIRECTOR J. Thos Lee & Sons ADDRESS 309-11 4½ N.E. Wash D.C.

via Dr Brodeur
telephoned 5:10 pm
10/3/54
to Mr Noble

RECEIVED
OCT 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 09579 Olney 245

09595 # CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, X
LENGTH OF STAY (in this place) 1½ hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ednor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) Jane (Last) Negus
4. DATE OF DEATH: (Month) October (Day) 27 (Year) 19 54
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3/14/1869
9. AGE Last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Fred Townsend
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Retroperitoneal hemorrhage	15 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	(b) Ruptured aneurysm Abdominal aorta	15 min
DUE TO	(c) Arteriosclerosis of aorta	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....., 19 54, to Oct ....., 19 54, that I last saw the deceased alive on Oct 27 ....., 19 54, and that death occurred at 11:40 a., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. D. Bruguiere	M.D.	Sandy Spring, Md	

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/30/54
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REGISTRAR Oct. 29, 1954
REGISTRAR'S SIGNATURE Mrs. Jas. Bowers Deputy Registrar
24. FUNERAL DIRECTOR ADDRESS
F. Gaschen Sons Hyattsville, Md

10-30-54 Gertrude B Jansen Olney Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09596

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

(9558)

Reg. Dist. No. 2-E

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Grove; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R.7.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgo. Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Grove; STREET ADDRESS (If rural, give location) Gaithersburg, R.7.D.#1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) L. (Last) Newman

4. DATE OF DEATH: (Month) Oct. (Day) 5 (Year) 1954

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 14, 1882

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: George Lowery

14. MOTHER'S MAIDEN NAME: Sarah Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT'S NAME AND ADDRESS: Mrs Ethel Jones Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on bed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broschart M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 10-5-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 10-9-54; NAME OF CEMETERY OR CREMATORY: Mt Zion; LOCATION (City, town, or county) (State): Mt Zion Md

DATE REC'D BY LOCAL REG. Oct 9 1954; REGISTRAR'S SIGNATURE: Arnold L. Cooke; 24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville Md

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
PUBLIC V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09581

09516

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town) Takoma Park 17

LENGTH OF STAY (in this place) 12 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital, Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WASHINGTON, D.C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 4

STREET ADDRESS (If rural give location) 1220 Missouri Ave. N.W.

3. NAME OF DECEASED: (Type or Print) (First) EVELYN (Middle) NICHOLSON (Last) EVDOKIA PATASOTERIOU

4. DATE OF DEATH: (Month) 10 (Day) 2 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	1864	90 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Greece	Greece

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Soterios Kerasiotis	Despine -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		George Nicholson-1120 Vermont Ave. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 24 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ileus

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. resection of terminal ileum

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9-23-54	ileus by multiple adhesions	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-21, 1954, to 10-2, 1954, that I last saw the deceased alive on 10-2, 1954, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. — ADDRESS 5911 16th St. Wash. 11, D.C. — DATE SIGNED 10-2-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-5-1954	Cedar Hill Cemetery	Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 3 1954	J. Nelson Dodd	S.H. Hines Co	2901-14th St. N.W. Washington, D.C.

VS. A15

OCT 5
BUREAU V. S.

09582

09597

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits) write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 33hrs 15min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp Jail

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Delaware
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clifton Heights
STREET ADDRESS (If rural, give location) 123 North Church St.

3. NAME OF DECEASED: (Type or Print) (First) Selena (Middle) C. (Last) Norman

4. DATE OF DEATH: (Month) 10 (Day) 7 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Reported

8. DATE OF BIRTH: 2/24/90

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months 7 Days 10 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Palmstrom, Anthony

14. MOTHER'S MAIDEN NAME: Webster, Anna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: family

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

IMMEDIATE CAUSE (A) Myocardial Infarction anterior

ANTECEDENT CAUSE (S) DUE TO (B) left ventricle & Septum with rupture

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C) of septum. Hypertension — 5 yrs +

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitis — 5 yrs +

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1954, to 10-7, 1954, that I last saw the deceased alive on 10-6, 1954, and that death occurred at 3:15 A.M., from the causes and on the date stated above.

SIGNATURE Stewart Wolff M.D. ADDRESS 3921 Magnolia Ave Norfolk 5 Va DATE SIGNED 10-7-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10-11-54 — NAME OF CEMETERY OR CREMATORY Valley Forge Memorial Garden — LOCATION (City, town, or county) (State) Montgomery Co., Pa.

DATE REC'D BY LOCAL REGISTRAR 10/9/54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Roberts A. Pumphrey — ADDRESS Bethesda, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 13
BUREAU V. S.

09583

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09598

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institute of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 8031 Old Georgetown Rd.

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) R. (Last) Norris

4. DATE OF DEATH: (Month) Oct. (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9 Feb. 1901

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. box office

10B. KIND OF BUSINESS OR INDUSTRY: Music Store

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nicholas Norris

14. MOTHER'S MAIDEN NAME: Eva Cullison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not known

17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Shock and intracranial pressure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Space-occupying lesion, right cerebrum DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10/7/54 ?

19B. MAJOR FINDINGS OF OPERATION: Space-occupying lesion, right parasagittal region

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) -------

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) -------

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ------

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from Oct. 5, 1954 to Oct. 13, 1954 that I last saw the deceased alive on Oct. 13, 1954, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE Bruce Y. Pulliam M.D. ADDRESS The Clinical Center Nat'l. Inst. of Health DATE SIGNED 10/14/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/16/1954 — NAME OF CEMETERY OR CREMATORY: Rock Creek — LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REGISTRAR: 10/15/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Roberts A. Pumphrey — ADDRESS: Bethesda, Md.

09584

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09599 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda X
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring X
STREET ADDRESS (If rural give location) 306 Belvedere Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Eileen (Middle) Marie (Last) Olson

4. DATE OF DEATH: (Month) Oct. (Day) 6 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 8 June 1905

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher

10B. KIND OF BUSINESS OR INDUSTRY: Co. Bd. of Ed.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: A. Loy Olson

14. MOTHER'S MAIDEN NAME: Margaret Ender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None stated

17. INFORMANT & ADDRESS: Patient and medical record, The Clin. Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Renal failure and uremia

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) hypercalcemia, hypercalciuria
DUE TO (C) metastatic carcinoma of breast

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension

19A. DATE OF OPERATION: 1950

19B. MAJOR FINDINGS OF OPERATION: Carcinoma

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 14, 1954 to Oct. 6, 1954 that I last saw the deceased alive on Oct. 6, 1954, and that death occurred at 10:10 A M, from the causes and on the date stated above.

SIGNATURE J. Pittman, M. D. ADDRESS The Clinical Center, Nat'l. Inst. of Health DATE SIGNED 10/1/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 10/8/54 NAME OF CEMETERY OR CREMATORY Parklawn Cemetery LOCATION (City, town, or county) Montgomery County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 10/12/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner & Dunphey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

RECEIVED
OCT 14 1914
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09585

09517 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 10 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 308 Highview Ave.

3. NAME OF DECEASED: (Type or Print) (First) Isobel (Middle) None (Last) Parsley
4. DATE OF DEATH. (Month) 10 (Day) 25 (Year) 1954
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8-9-76
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR, Months, Days; IF UNDER 24 HRS, Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): D. C.
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Basil Atkinson
14. MOTHER'S MAIDEN NAME: Martha Benton.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) U
(If Yes, give war or dates of service) No.
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSE (B) DUE TO (B) Coronary Occlusion — 1 hr.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerotic Heart Disease — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954, to 25 Oct., 1954, that I last saw the deceased alive on 25 Oct., 1954, and that death occurred at 8:25 P.M., from the causes and on the date stated above.
SIGNATURE Russell B. Arnold M.D. ADDRESS 8801 Colesville Rd, S.S. Md. DATE SIGNED 25 Oct. 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 28-1954
NAME OF CEMETERY OR CREMATORY: Potomac Chapel Cem.
LOCATION (City, town, or county) (State): Potomac, Md.

DATE REC'D BY LOCAL REGISTRAR: 10-26-54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Francis J. Collins
ADDRESS: 3821-14th St. NW Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09600

CERTIFICATE OF DEATH

Reg. Dist. No. 09586

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 10 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; STREET ADDRESS (If rural, give location) 3 Pooks Hill Road Apt. 704

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) (Last) Pasaloff

4. DATE OF DEATH: (Month) Oct. (Day) 10 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 17, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Bread

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1911

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Alberta Pasaloff 3 Pooks Hill Road, Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac anoxia — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial infarction x 2 mos. — 2 yrs.

DUE TO (C) Uremia - due to arteriosclerosis — Indefinite

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1954, to 10/10, 1954, that I last saw the deceased alive on 10/10, 1954, and that death occurred at 4:30 P M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Rockville Md DATE SIGNED 10/11/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 10-10-54 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR 10/11/54 — REGISTRAR'S SIGNATURE Bernice M. Thompson

24. FUNERAL DIRECTOR Veirs Funeral Home — ADDRESS [illegible]

09601 STATE OF MARYLAND—CERTIFICATE OF DEATH 09587

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery — Registration Dist. No. 214

Village or City Kensington, Maryland — 3000 McComas Avenue — No. Kensington Gardens, St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U.S. if of foreign birth? ... yrs. ... mos ... ds.

in Nursing Home

2. FULL NAME Mrs. Emma L. Plumb

(a) Residence: No. 5302 Glenwood Rd., Bethesda, Md. Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wallace D Plumb

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs or ... min.
	88			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Alcard Tennil

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lydia Bowles

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Flora P Smith

(Address) 5302 Glenwood Rd

18. BURIAL, CREMATION, OR REMOVAL Place Rock Creek Date Oct 8, 1954 Buried to

19. UNDERTAKER Neal Funeral Home

(Address) 4000 Jones

20. FILED 10/5/54, 19 Frances Talbert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 5 (Day), 1954 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1951, to October 5, 1954

I last saw her alive on October 5, 1954; death is said to have occurred on the date stated above, at 9:00 PM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cardio-circulatory Failure	Oct. 1
(Chronic Myocarditis)	
Other Contributory Causes of Importance:	
Pneumonitis	Oct. 1
Fracture Left Femur (inter-trochanteric)	Sept. 5

Name of operation Open Reduction-Pins Date of Sept. 8

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. A. Kramer, M. D.

(Address) 3805 McKinley St., N.W., Washington 15, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BUREAU V. S.
OCT 11 1954
RECEIVED

MARYLAND 09518

09588

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Takoma Park
MARYLAND
LENGTH OF STAY (in this place) 3 Mon 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2543 Kirk Ave

3. NAME OF DECEASED (Type or Print) (First) Lula (Middle) May (Last) Poehlman

4. DATE OF DEATH (Month) 10 (Day) 24 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify)

8. DATE OF BIRTH 8-14-92

9. AGE last birthday 62 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookbinder

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Enos

14. MOTHER'S MAIDEN NAME Mary Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Patients chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Brain Tumor

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/8/31/54

19b. MAJOR FINDINGS OF OPERATION Tumor in corpus Callosum-not removable

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1954 to 10/24, 1954, that I last saw the deceased alive on 10/24, 1954 and that death occurred at 1038 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert Harding MD 113 Carroll St NW, Wash DC 10/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10-27-1954

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 10-25-54

REGISTRAR'S SIGNATURE A. W. Hedrich dmr.

24. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road

MARGIN RESERVED FOR BINDING

09602

09589 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sumner
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5603 Pioneer Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Mont
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sumner
STREET ADDRESS (If rural, give location) 5603 Pioneer Lane

3. NAME OF DECEASED: (Type or Print) (First) Benna (Middle) C (Last) Poore

4. DATE OF DEATH (Month) Oct (Day) 30 (Year) 19 54

5. SEX M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-13-1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Samuel Hiett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ralph M Long - Home as item 11

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — (c)

DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bonsack M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF Nov 2nd 54 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 11/1/54 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Timothy Hanlon ADDRESS 3631 Ga Ave NW D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09590

09603

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery. MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Silver Spring, Md. | LENGTH OF STAY (in this place) Visiting.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 9023 Fairview Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 4619 Sargent Rd N.E.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
George	Albert	Randolph	Oct.	10	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Sept. 22, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
D.C. Electrical Inspector	Electrical.	Virginia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Bruce Randolph	Mammie Tasker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Mrs. Geo. A. Randolph 4619 Sargent Rd. N.E. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Thrombosis, Coronary.	30 min.
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Coronary artery Disease.	16 yrs.
DUE TO			
	(c)	Atherosclerosis	16 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from Oct. 10, 1954, to Oct. 10, 1954, that I last saw the deceased alive on Oct. 10, 1954, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
James A. Roberts M.D.	8907 Georgia Ave. Silver Spring, Md	Oct. 10, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/13/54	Ft. Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-12-54	Frances Potter	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Maryland

RECEIVED
OCT 15
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09604

09591

CERTIFICATE OF DEATH

Reg. Dist. No. 514

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 2 Hill Top Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) C (Last) REED

4. DATE OF DEATH: (Month) Oct (Day) 14 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 1, 1869

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: B & O RR

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Emma A Reed wife 2 Hill Top Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1950, to 10/14, 1954, that I last saw the deceased alive on 9/7, 1954, and that death occurred at 7:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] MD 113 Carroll Ave Takoma Park 10/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Oct 16 1954 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 10-17-54

REGISTRAR'S SIGNATURE J. Francis Tatum

24. FUNERAL DIRECTOR Deal Funeral Home ADDRESS 4812 Baltimore Ave Washington DC

Montgomery County Coroner notified and stated he would approve -

Film G171, Item 21c 10-18-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09519 09592

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY: MONTGOMERY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): TAKOMA PARK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SUNNYSIDE SANATARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): WASHINGTON, D. C.
STREET ADDRESS (If rural give location): 230 JEFFERSON NW

3. NAME OF DECEASED: (First) LENA (Middle) RESNICK (Last)

4. DATE OF DEATH: (Month) OCT (Day) 3 (Year) 1954

5. SEX: F

6. COLOR OR RACE: Wh.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: DEC. 25, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? RUSSIA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: SAMUEL R RESNICK 5415 CONN. AVE. N.W.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Septicemia from Decubitus ulcer	3 Mos.
ANTECEDENT CAUSE (B) DUE TO	Advanced Arteriosclerosis & Senility	20 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO	Congestive Heart Failure	
	Fracture Right Hip. 4/3/54.	4 Mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 4-6-54

19B. MAJOR FINDINGS OF OPERATION: Lateral Fracture Right Hip

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Home

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State): 240 Jefferson St. N.W. Wash. D.C.

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.: 6-1-54

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? Fell & broke Right Hip

22. I hereby certify that I attended the deceased from May 2, 1954 to 10-2-, 1954 that I last saw the deceased alive on 10-3-, 1954, and that death occurred at 5:32 P.M., from the causes and on the date stated above.

SIGNATURE: Emil B. Franklin M.D. ADDRESS: 934 Ellsworth Dr. Silver Spring, Md. DATE SIGNED: 10-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: 10/5/1954

NAME OF CEMETERY OR CREMATORY: UNITED HEBREW CEM.

LOCATION (City, town, or county) (State): BALTO., MD.

DATE REC'D BY LOCAL REGISTRAR: OCT 4 1954

REGISTRAR'S SIGNATURE: J. Wilson Nash

24. FUNERAL DIRECTOR: GOLDBERG FUNERAL HOME ADDRESS: 4217-9th NW

RECEIVED
OCT 5 1954
BUREAU V. S.

09605

09593 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Kensington
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4403 Cushing Dr

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 4403 Cushing Dr

3. NAME OF DECEASED: (Type or Print) (First) Mabbie (Middle) E. (Last) Justison Reynolds

4. DATE OF DEATH (Month) Oct (Day) 26 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	6-13-76	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Penna	USA

13. FATHER'S NAME: Martin Justison

14. MOTHER'S MAIDEN NAME: Monroe Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Justice Justison - Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary occlusion	Instantaneous
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertension	Years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Maud J. Merchant M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 10-27-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	10-29-54	Fernwood	Philadelphia, Pennsylvania

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/27/54	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09594

09606

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Triangle
STREET ADDRESS (If rural give location) 67 Courtney Drive

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Kellogg (Last) RICH II

4. DATE OF DEATH: (Month) October (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-17-54

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 1 Days 25 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Eager RICH

14. MOTHER'S MAIDEN NAME: Claire Mac Kenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father Mr. John E. RICH 67 Courtney Dr Triangle, Virginia

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 752.x (A) Hydrocephalus, internal — INTERVAL BETWEEN ONSET AND DEATH: 5 wks.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 10-4-54

19B. MAJOR FINDINGS OF OPERATION: Communicating Hydrocephalus

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Sept, 1954, to 12 Oct., 1954, that I last saw the deceased alive on 12 Oct, 1954, and that death occurred at 4:23P M, from the causes and on the date stated above.

SIGNATURE R. H. PACKER LCDR MC USN — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED 10-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial Transit — DATE THEREOF: 16 Oct 1954 — NAME OF CEMETERY OR CREMATORY: Chicago — LOCATION (City, town, or county) (State): Ill.

DATE REC'D BY LOCAL REGISTRAR: 30 Oct 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrell

24. FUNERAL DIRECTOR — ADDRESS: R. A. Purpart Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
OCT 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09607

1-9595

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Montgomery — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
   LENGTH OF STAY (in this place): 16 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Montg
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Olney
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Riggs

4. DATE OF DEATH: (Month) October (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 9/17/1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Carstairs Christopher

14. MOTHER'S MAIDEN NAME: Henrietta Griffith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No

(If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cerebral Emolus - with — 13 days

DUE TO right semi-paresis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mural Thrombus — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 18, 1954, to Oct. 3, 1954, that I last saw the deceased alive on Oct. 3, 1954, and that death occurred at 7:03 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jack Schumacher M.D. — ADDRESS: Gaithersburg Md. — DATE SIGNED: Oct. 9, '54

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: 10-4-54

REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR — ADDRESS

VS. A15

RECEIVED
OCT 11 ..
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09596

CERTIFICATE OF DEATH

09608 Reg. Dist. No. . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring | LENGTH OF STAY (in this place) 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Rest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1850 Biltmore St., N.W.

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) C. (Last) ROGERS

4. DATE OF DEATH: (Month) 10 (Day) 16 (Year) 1964

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: Nov. 20 1874 | 9. AGE last birthday: 79 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Steam Fitter | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Cullman Alabama | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles L. Rogers | 14. MOTHER'S MAIDEN NAME: Mattie L. Wilson

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 227-09-8594A | 17. INFORMANT & ADDRESS: 1850 Biltmore Street, N.W. John C. Rogers [illegible] Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ACUTE MYOCARDITIS DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CHRONIC MYOCARDITIS DUE TO

(c) SENILITY

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL ARTERIOSCLEROSIS

19a. DATE OF OPERATION: NONE | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1954, to Oct. 16, 1964, that I last saw the deceased alive on Oct. 15, 1964, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

SIGNATURE Henry Lowder (Degree or title) M.D ADDRESS 5206 NORWAY DR, CHEVY CHASE, MD DATE SIGNED Oct. 15, 1964

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & Burial | DATE THEREOF 10/16/54 | NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery | LOCATION (City, town, or county) (State) Norfolk, Virginia

DATE REC'D BY LOCAL REGISTRAR 10-18-54 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Warner L. Lumpkey ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09597

09609 # CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3121 Winnett Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural give location) 3121 Winnett Rd.

3. NAME OF DECEASED (Type or Print): (First) ZOSA (Middle) (Last) RYSAVY

4. DATE OF DEATH: (Month) Oct (Day) 7 (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 27 1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Hobson Moravia Austria
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Innocenat Kubesa
14. MOTHER'S MAIDEN NAME: Marie Kucera

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Frank J. Rysavy, Chevy Chase Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Artery
ANTECEDENT CAUSE (B) DUE TO Occlusion — 8 hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Coronary Heart Disease — 15 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 24, 1954 to Oct. 3, 1954 that I last saw the deceased alive on Oct. 1, 1954 and that death occurred at 11:00 A.M., from the causes and on the date stated above.
SIGNATURE John R. Ewan M.D. ADDRESS 1801 E. Jefferson N.W. DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 10/12/54
NAME OF CEMETERY OR CREMATORY: Parklawn
LOCATION (City, town, or county) (State): Monty Co. Md

DATE REC'D BY LOCAL REGISTRAR 10/9/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR: S. H. Hines Co.
ADDRESS: Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 1 1924
BUREAU V. S.

09598

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09610 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 4719 Chestnut Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; STREET ADDRESS (If rural give location) 4719 Chestnut Street

3. NAME OF DECEASED: (First) CHARLES (Middle) M. (Last) SAEGER, JR.

4. DATE OF DEATH: (Month) Oct. (Day) 27 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1893

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 10 Days 2 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Unemployed

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles M. Saeger, Sr.

14. MOTHER'S MAIDEN NAME: Sally A. Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Nettie A. Saeger-Item 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4: IMMEDIATE CAUSE (A) Coronary Thrombosis — Interval between onset and death: 5 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerotic Heart Disease — 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1949, to Oct. 26, 1954, that I last saw the deceased alive on Oct. 23, 1954, and that death occurred at 3:12 A.M., from the causes and on the date stated above.

SIGNATURE Leo M. Curtis M.D. ADDRESS 5707 Wisconsin Ave. DATE SIGNED 10/27/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-1-54

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 10/28/54

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert L. Pumphrey

ADDRESS: Bethesda, Md.

09599

09520

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

Items 8,9, Filmed 1-10-15-54 at

1. PLACE OF DEATH.
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Fair Fax.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Herndon
STREET ADDRESS (If rural give location) Rural Route, #2

3. NAME OF DECEASED: (Type or Print) (First) Missouri (Middle) Estelle (Last) Salter

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow
8. DATE OF BIRTH: 3-5-87
9. AGE last birthday: 67 yrs 7/12 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Mr. (unKnown) Brown
14. MOTHER'S MAIDEN NAME: unKnown FANNIE CARROLL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Chart and daughter

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Occlusion — Interval between onset and death: Terminal

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis — 4 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pneumonia — Virus — 3 days.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/30, 1954, to 10/8/, 1954, that I last saw the deceased alive on 10/8/, 1954, and that death occurred at 10:30 AM, from the causes and on the date stated above.

SIGNATURE T. Robert Ahare M.D. ADDRESS Takoma Park, Md. DATE SIGNED 10/5/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF 10/12/54 — NAME OF CEMETERY OR CREMATORY: Charity Cemetery — LOCATION (City, town, or county) (State): Princess Ann Co Va

DATE REC'D BY LOCAL REGISTRAR: Oct 7 1954 — REGISTRAR'S SIGNATURE: J. Wilson Dodd

24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

RECEIVED
OCT 11
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1960)

09521 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 167 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 3107 34th St., N.W. D.C.

3. NAME OF DECEASED (Type or Print): (First) Roberta (Middle) Harper (Last) Saltsman

4. DATE OF DEATH: (Month) (Day) (Year) 10 - 30 1954

5. SEX: Fe. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: 1-5-84 | 9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Virginia | 12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Robert Harper

14. MOTHER'S MAIDEN NAME: Roberta Parrott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UnKnown

17. INFORMANT & ADDRESS: Washington San. & Hosp. Takoma Pk. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) Arteriosclerosis DUE TO

(C) Inability to take sufficient food

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) | 21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 29, 1954, to Oct 30, 1954, that I last saw the deceased alive on Oct 23d 1954, and that death occurred at 12.30 AM, from the causes and on the date stated above.

SIGNATURE Wm. Earl Clark M.D. ADDRESS 1835 Eye St. N.W. DATE SIGNED Oct 30th 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov 2 54 | NAME OF CEMETERY OR CREMATORY Oak Hill | LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REGISTRAR Oct 30 1954 | REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR Joseph Bowlers Sons. | ADDRESS 1751 Pa. Ave. N.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND 09611

CERTIFICATE OF DEATH

09601
STATE DEPARTMENT OF HEALTH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington; LENGTH OF STAY (in this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4106 Warner Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington; STREET ADDRESS (If rural, give location) 4106 Warner Street

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) Clarence; (Last) SALVAS

4. DATE OF DEATH: (Month) Oct; (Day) 28; (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowdd

8. DATE OF BIRTH: June 13 1874

9. AGE last birthday: 80 yrs. If under 1 year: Months 4; Days 15; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentist

11. BIRTHPLACE (State or foreign country): Green Bay, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~Unknown~~ John Salvas

14. MOTHER'S MAIDEN NAME: Harriet ~~X~~ Hurteau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs.Valerie S.Walton-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Adenocarcinoma, abdominal (probably colon) (MICROSCOPIC DIAGNOSIS)	about 1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) widespread metastasis	about 6 mos.
	(c) arteriosclerotic heart disease	5+ years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☑ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/9, 19 54, to 10/28, 19 54, that I last saw the deceased alive on 10/24, 19 54, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Savarese Jr M.D. ADDRESS 4861 Battery Lane Bethesda maryland DATE SIGNED 10/29/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 10/30/1954; NAME OF CEMETERY OR CREMATORY Parklawn; LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REG. 10/30/54; REGISTRAR'S SIGNATURE Bessie M. Thompson; 24. FUNERAL DIRECTOR Roberts A. Pumphrey; ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

09602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09612

CERTIFICATE OF DEATH

Reg. Dist. No. 216

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~KARRXXXXXXX~~ Bethesda
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 3612 Dunlop Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer	F.	Sauter	10	1	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1/4/04	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Broker	Stock & Bonds	Washington	U. S. A.

13. FATHER'S NAME: Harry F. Sauter
14. MOTHER'S MAIDEN NAME: Catherine G. Harleston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Yes / World I
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Bertha M. Sauter (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Massive Gastric Hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Exacerbation of Chronic Gastritis	8 years
	(c) Severe Hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Mild Congestive Heart Failure — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 27, 1954, to Oct 1, 1954, that I last saw the deceased alive on Sept 30, 1954, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Gilbert B. Rude M.D.	3700 Military Rd N.W	Oct 1, 1954

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 4/54	Cedar Hill Cemetery	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/1/54	[illegible]	Francis J. Collins	3821-14th St. N.W. Wash. D.C.

OCT 5 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09603

09522 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md; LENGTH OF STAY (In this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Oak Haven Rest Home, 517 Takoma Park Md, Albany Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park Md; STREET ADDRESS (If rural give location) 7514 Greenwood Avenue, Tak Pk Md

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) M. (Last) SCHMITT

4. DATE OF DEATH: (Month) (Day) (Year) October 17 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct 6 1860

9. AGE last birthday: 94 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hesselback William

14. MOTHER'S MAIDEN NAME: Amalie Cederquist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Edwin A Schmitt 7100 Ridgewood Ave Chevy Chase Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Hypertension, Arteriosclerosis

DUE TO (C) Senility

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1954, to Oct 17, 1954, that I last saw the deceased alive on Oct 16, 1954, and that death occurred at 5:30 A M, from the causes and on the date stated above.

SIGNATURE Bernard A. Fitzgerald M. D. ADDRESS 9620 Old Bladensburg Rd. Silver Spring Md DATE SIGNED 10/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) ~~Removal~~ Burial; DATE THEREOF 19 Oct 1954; NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery; LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR Oct 17 1954; REGISTRAR'S SIGNATURE J Wilson Dodd

24. FUNERAL DIRECTOR Milner & Quinn ADDRESS 8434 Georgia Ave., Silver Spring, Md.

OCT

09604

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09613

Reg. Dist. No. 218

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Mont. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) X 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural give location) 3. Russel Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Helen	Rozelle	Selby	Oct	22	1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widow	July 26 1876	78 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home Work	Unity N. H.	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles Wesley Crawford	Cordelia Connell

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs J. D. Daly. Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Acute Cardiac Failure	12 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Carcinoma of stomach	6 mo.
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July ..., 19XX, to Oct 22, 19XX, that I last saw the deceased alive on Oct 22, 19XX, and that death occurred at 1:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J J Boschart M.D.	Gaithersburg, Md	10-23-5X

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 25/54	Forest Oak	Gaithersburg, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 24, 1954	Wanda L. Clarke	Ernest C. Garth r,	Gaithersburg, Md,

VS. A15

OCT 27
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09605

09614

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda rural
LENGTH OF STAY (in this place) 1 Long
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S.Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 4314 River Road N.W.

3. NAME OF DECEASED: (First) Francis (Middle) A. (Last) SEUBERT
4. DATE OF DEATH: (Month) October (Day) 17 (Year) 19 54

5. SEX	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Married	June 23 1897	57 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mariner	Mariner	Pennsylvania	U.S.

13. FATHER'S NAME: Joseph A. SEUBERT
14. MOTHER'S MAIDEN NAME: Mary SHAFFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service) WWI WW2	16. SOCIAL SECURITY No	17. INFORMANT & ADDRESS:
Yes		Unknown	Wife: Mrs. Edna F. SEUBERT 4314 River Road N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 156.1 (A) Carcinoma, liver — INTERVAL BETWEEN ONSET AND DEATH: Unk.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9-16-54 19B. MAJOR FINDINGS OF OPERATION: Carcinoma of liver

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sept, 1954, to 17 Oct, 19 54 that I last saw the deceased alive on 17 October 19 54, and that death occurred at 5:05 aM, from the causes and on the date stated above.

SIGNATURE M. L. Gerber M.D. ADDRESS M.L. GERBER CDR MC USN U.S.Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 10.19.54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	20 October 1954	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 19 October 1954 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS: Chevy Chase Funeral Home, 5[illegible]3 Wisconsin Avenue N.W., Washington, D.C.

BURLAND V. T

MARYLAND 09615

09606
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center National Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ind. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jasonville
STREET ADDRESS (If rural, give location) 320 So. Park St.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) E. (Last) Shacklett
4. DATE OF DEATH (Month) Oct. (Day) 23 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: Feb. 10, 1902
9. AGE last birthday: 52 yrs. If under 1 year: Months. If under 1 day: Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal miner
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herbert E. Shacklett
14. MOTHER'S MAIDEN NAME: Addie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): -
16. SOCIAL SECURITY NO.: 310-10-9716
17. INFORMANT AND ADDRESS: Patient-on admission

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

411 X

Immediate cause (a) Focal myocardial infarcts

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Calcific aortic stenosis

(c) Rheumatic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: -
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -
(CITY OR TOWN): -
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from Oct. 18, 1954, to Oct. 23, 1954, that I last saw the deceased alive on Oct. 23, 1954, and that death occurred at 5:33 a.m., from the causes and on the date stated above.

SIGNATURE Robert P. Hyatt, MD (Degree or title) ADDRESS The Clinical Center, Bethesda, Md. DATE SIGNED Oct. 23, '54

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 10/23/54
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State): Jasonville Ind

DATE REC'D BY LOCAL REG. 10/25/54
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

OCT 2[illegible]
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09607

09523 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH. Takoma Park. Washington
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San and Hosp. Takoma Park. Washington DC.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS R + 3. (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Vernon (Last) Sheirich

4. DATE OF DEATH. (Month) 10 (Day) 22 (Year) 1954.

5. SEX Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): | 8. DATE OF BIRTH: 9-7-86 | 9. AGE last birthday 68 yrs. | IF UNDER 1 YEAR Months 1 Days 15 | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Harry Weckesser | 14. MOTHER'S MAIDEN NAME. Mary Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSE (B) Arteriosclerosis DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory OF INJURY street, office bldg., etc. | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1954, to 10-22, 1954, that I last saw the deceased alive on 10-22-, 1954, and that death occurred at 1:15 P M, from the causes and on the date stated above.
SIGNATURE Robert A Hare. M. D. ADDRESS Takoma Park, Md. DATE SIGNED 10/22/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct 25 1954 | NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | LOCATION (City, town, or county) Suitland - Md. (State)

DATE REC'D BY LOCAL REGISTRAR Oct 22 1954 | REGISTRAR'S SIGNATURE J. Wilson Dodd | 24. FUNERAL DIRECTOR J. Arthur Walters ADDRESS 254 Carroll St. N.W. Wash., D.C.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09608

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

—MARGIN RESERVED FOR BINDING

VS. A15—10-63

1. PLACE OF DEATH.
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda Rural
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: District of Columbia — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Washington, D.C.
STREET ADDRESS (If rural give location): 17 Forrester Street S.W.

3. NAME OF DECEASED: (First) Patricia (Middle) Ann (Last) SINCLAIR

4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Oct 3 3-30-54

9. AGE last birthday yrs. IF UNDER 1 YEAR, Months: Days: IF UNDER 24 HRS., Hours: 3 Min.: 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas T. SINCLAIR

14. MOTHER'S MAIDEN NAME: Ruby Iline WALLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Father Mr. Thomas T. SINCLAIR 17 Forrester St S.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO: Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 3 1/4 hr.

ANTECEDENT CAUSE (B) DUE TO:

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 October 19 54 to 3 October 19 54, that I last saw the deceased alive on 3 October 19 54, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE: M. S. Allen — ADDRESS: M. S. ALLEN LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED: 10-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 6 Oct 1954 — NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 2 Oct 1954 — REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Chambers Funeral H[illegible] — ADDRESS: 517 11th St S.E. Washington, D.C.

3004803

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09609

09617 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Apply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda R. | LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs R.
STREET ADDRESS (If rural give location) 10202 Old Bladensburg Rd.

3. NAME OF DECEASED: (Type or Print) (First) Ferdinand (Middle) Joseph (Last) Stagle Jr.
4. DATE OF DEATH: (Month) Oct. (Day) 20 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov. 25, 1917 | 9. AGE last birthday: 36 yrs | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager | 10B. KIND OF BUSINESS OR INDUSTRY: A. & P. Food Store | 11. BIRTHPLACE (State or foreign country): District of Columbia | 12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Ferdinand Joseph Stagle Sr. | 14. MOTHER'S MAIDEN NAME: Catherine Brace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW-II | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Mrs. Dorothy Stagle 10202 Old Bladensburg, Silver Springs

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Pulmonary edema due to

ANTECEDENT CAUSE (B) Cerebral anoxia & cardiac damage due to

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C) Acute thyrotoxicosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. anoxia trachea carcinoma

19A. DATE OF OPERATION: 1 wk 10/8/54 | 19B. MAJOR FINDINGS OF OPERATION Toxic thyroid disease stage | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1954, to Oct 20, 1954, that I last saw the deceased alive on Oct 20, 1954, and that death occurred at 6:15 p M, from the causes and on the date stated above.
SIGNATURE John C. Kalchar MD | ADDRESS M.D. 7730 Georgia Ave Silver Spring Md | DATE SIGNED Oct 21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 10/23/54 | NAME OF CEMETERY OR CREMATORY Parklawn Cemetery | LOCATION (City, town, or county) (State) Montgomery County, Md.

DATE REC'D BY LOCAL REGISTRAR 10/23/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Warner E. Pumphrey | ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09610

09618

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND — CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Bethesda X — LENGTH OF STAY (in this place) 12 Hours — HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — STREET ADDRESS (If rural give location) 4217 Leland Street

3. NAME OF DECEASED: (Type or Print) (First) Martin (Middle) Barnard (Last) Smith

4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1954

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: May 28, 1891 — 9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer — 10B. KIND OF BUSINESS OR INDUSTRY: Justice Dept. — 11. BIRTHPLACE (State or foreign country): Chicago, Ill. — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Smith — 14. MOTHER'S MAIDEN NAME: Matilda Carlson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) W.W.I (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT & ADDRESS: Mrs. Doris E. Smith, 4217 Leland Street, Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: Uremia 4 Respiratory Electrolytic Imbalance Failure —

ANTECEDENT CAUSE (B) DUE TO: Prostatic Carcinoma with Metastasis — 3 Months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(C) DUE TO: Abdominal Mass, Hypertension — years ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-16, 1954, to 10-25, 1954, that I last saw the deceased alive on 10-25, 1954, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: O. J. Brennan M.D. — ADDRESS: Bethesda, Md. — DATE SIGNED: 10-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 10/28/1954 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR: 10/27/54 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: Roberts & Dunphrey — ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09611

09530

CERTIFICATE OF DEATH

Reg. Dist. No. 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Calvert Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 120 Calvert Road

3. NAME OF DECEASED: (Type or Print) (First) NELLIE (Middle) (Last) SOLEE

4. DATE OF DEATH: (Month) Oct. (Day) 9, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH July 24, 1882
9. AGE last birthday 72 yrs. IF UNDER 1 YEAR: Months 2 Days 15 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Knox
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Virginia Solee- Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial failure — 3 yrs

DUE TO (C) Hypertension, diabetes & arteriosclerosis — 5 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 12/1, 1950 to 10/9/1954 that I last saw the deceased alive on 10/9, 1954, and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE Stephen L. Jones M.D. ADDRESS Rockville Md. DATE SIGNED 10/10/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Oct. 12 1954
NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
LOCATION (City, town, or county) (State): Rockville Md.

DATE REC'D BY LOCAL REGISTRAR: Oct 11 1954
REGISTRAR'S SIGNATURE: Dorothy M. Jarboe
24. FUNERAL DIRECTOR: Robert L. Pumphrey
ADDRESS: Bethesda Md.

OCT 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09612

09619 # CERTIFICATE OF DEATH Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2904 - Clifton Park Terrace

3. NAME OF DECEASED: (Type or Print) (First) Mary - (Middle) E. (Last) Stovall

4. DATE OF DEATH: (Month) Oct - (Day) 29 - (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow | 8. DATE OF BIRTH: Aug - 25 - 1864 | 9. AGE last birthday: 90 yrs. | IF UNDER 1 YEAR Months 2 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeping | 10b. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Carroll County Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Shaw

14. MOTHER'S MAIDEN NAME: Susan Bare

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY No.: none | 17. INFORMANT & ADDRESS: Mrs. J. Asbury Methodist Home

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-respiratory arrest DUE TO

Antecedent causes (b) Stroke - cerebral thrombosis, Partial incontinency DUE TO

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (c)

Interval Between Onset And Death: (a) 1 year (b) unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Gastric Hemorrhages — Cause not determined

19a. DATE OF OPERATION: See other side | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct - 22 -, 1933, to Oct - 29 -, 1954, that I last saw the deceased alive on Oct - 26 -, 1954, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE William C. Miller (Degree or title) M.D. ADDRESS 7 - Brooke Ave., Gaithersburg DATE SIGNED Nov 1

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/1/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR October 30, 1954 | REGISTRAR'S SIGNATURE R.W. | 24. FUNERAL DIRECTOR Wm. J. Tolson & Sons ADDRESS Balto 17, Md.

VS. A15

Appendectomy – 1925.
Tonsilectomy – 1927
In 1930 – was told she had rheumatic heart disease
Edema and hematemesis since 1935 –
1938 – Operation for hiatus hernia
Since 1938 has had hematemesis and bleeding from bowel
1939 – Had partial gastric resection –

09531

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09613

Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville — LENGTH OF STAY (In this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 906 Stone street Ext

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 906 Stonestreet Ext.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	L.	Swailes	Oct	14	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col	Married	11-25-1884	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Green	Tenderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Geo Swailes (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead on bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Hypertension	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Francis J. Broschart M.D.		Gaithersburg Md	10-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	OCT 16 '54	Mt Lucas Mem	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 15, 1954	Dorothy M Jacobson	J. W. Curtis	Gaithersburg Md

OCT
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09614

09524 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE md COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park
STREET ADDRESS (If rural give location) 5001 Calvert rd.

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) Mason (Last) Talbott

4. DATE OF DEATH: (Month) October (Day) 29 (Year) 1954

5. SEX Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 12-1-96

9. AGE last birthday: 57 yrs | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Foreman Dangerfield

10B. KIND OF BUSINESS OR INDUSTRY: Gen Const

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Talbott

14. MOTHER'S MAIDEN NAME: Josephine Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: mrs. alma Parrish - Brentwood, md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S) DUE TO (B) Cirrhosis of Liver (alcoholic) — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) + Mal nutrition Chronic alcoholism, moderate — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. generalized arteriosclerosis — years

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/7, 1953 to 10/29, 1954, that I last saw the deceased alive on 10/29, 1954, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

SIGNATURE Lewis Faddis M.D. ADDRESS College Park DATE SIGNED 10/30/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/2/54

NAME OF CEMETERY OR CREMATORY Mt Olivet

LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REGISTRAR Oct 31 1954 Nov 1-1954

REGISTRAR'S SIGNATURE F. Wilson Dodd

24. FUNERAL DIRECTOR J. Joseph Sons Hyattsville Md

ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09615

CERTIFICATE OF DEATH

09620 Reg. Dist. No. 216

1. PLACE OF DEATH: Montgomery COUNTY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4700 W. Va Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery COUNTY STATE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 4700 W. Virginia Avenue

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) B. (Last) THADEN

4. DATE OF DEATH: (Month) 10 (Day) 22 (Year) 1954

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower | 8. DATE OF BIRTH: 4-27-1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Janitor | 10b. KIND OF BUSINESS OR INDUSTRY: Self Employed | 11. BIRTHPLACE (State or foreign country): Wash. D.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Skelton R. Thaden | 14. MOTHER'S MAIDEN NAME: Henry B. Thaden Virginia Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Sheldon R. Thaden 4700 W. Va Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Aneurism of the aorta DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1937, to Oct. 22., 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 6:30 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. [illegible] M.D. 201 Nicholson St 10/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 10-25-1954 | NAME OF CEMETERY OR CREMATORY Cedar Hill Memorial Park | LOCATION (City, town, or county) Rockville (State) Md

DATE REC'D BY LOCAL REGISTRAR 10/23/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Joseph Sanders Sons | ADDRESS Wash. D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09621

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09616

Reg. Dist. No. 217

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chandlee mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brinklow
STREET ADDRESS (If rural, give location) Chandlee Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) William (Last) Thoman
4. DATE OF DEATH: (Month) Oct (Day) 3 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-3-1917
9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Leo Thoman
14. MOTHER'S MAIDEN NAME: Mary Simpson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes WW II
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Margaret Brown (Sister) Olney, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to rupture — Instantaneous death

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lt lung and heart

(c) due to shot gun wound

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN): Brinklow (COUNTY): Monty (STATE): Md
TIME (Month) (Day) (Year) (Hour) OF INJURY: 10-3-54 1:45A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot with 20 ga Shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Grant J. Brashear M.D. — Hagerstown Md — 10 3 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 10-7-54 — NAME OF CEMETERY OR CREMATORY: Arlington Nat. — LOCATION (City, town, or county): Arlington, Va. — (State)

DATE REC'D BY LOCAL REG. 10-5-54 — REGISTRAR'S SIGNATURE: Estelle B Lawson — 24. FUNERAL DIRECTOR: Robert L. Snowden — ADDRESS: Rockville Md

OCT 11 1[illegible]
BUREAU V. S

09622

09617 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN Bethesda | LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10004 Rogael Road

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Lola (Last) Thrasher
4. DATE OF DEATH (Month) 10 (Day) 30 (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Single	Sept. 22, 1890	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerical	U.S. Treasury	Maryland	U.S.A.

13. FATHER'S NAME: Benjamin Taylor
14. MOTHER'S MAIDEN NAME: Margaret Jane Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Mrs Ada G. Thrasher 10009 Rogael Rd Silver Spring Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bilateral pneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Toxic Delirium DUE TO	?
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Old Compression fracture 1 Lumbar 5th Dorsal Vertebrae — 2 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 12-2-52 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bozentcel M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑ DATE SIGNED 10 30 54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/54	Deer Park Cemetery	Deer Park, Garrett County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/4/54	Bessie M Thompson	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09623

CERTIFICATE OF DEATH

09618

Reg. Dist. No. 2/6

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 3 yrs 4 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pineview Rest Home R.D # 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) River Road - R.D # 3

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Chase (Last) Tibbitts

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-28-1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 5 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Govt. Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Irvin Chase

14. MOTHER'S MAIDEN NAME: Mercer Ann Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Home Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Senselizal arteriosclerosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Senility

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~August 11~~ June 1, 1954, to Oct. 24, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 7:00 P.M. from the causes and on the date stated above.

SIGNATURE Dr Joseph Kennedy (Degree or title)

ADDRESS 6450 Wisconsin Ave Bethesda Md

DATE SIGNED 10/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10/28/54

NAME OF CEMETERY OR CREMATORY Rock Creek

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REGISTRAR October 29 1954

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR & ADDRESS The S. H. Hines Co 2901 4th St. N.W. Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
BUREAU V. S.

09525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09619

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 2 yrs 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 708 Philadelphia ave Silverside Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charlottesville COUNTY Va.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 708 Philadelphia Ave.

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) E (Last) TRIEST
4. DATE OF DEATH: (Month) Oct (Day) 13 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 24 1866
9. AGE: Last birthday 88 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hat Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Calif
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Bernhart Triest
14. MOTHER'S MAIDEN NAME: Bertha L. Steinberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ann O'Malley 708 Phila Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
	(c) and Myocarditis	4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1951, to 13 Oct, 1954, that I last saw the deceased alive on 10 Oct, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Herbert Martyn Jr M.D 5029 Bethesda Ave Bethesda Md 13 Oct 54

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF Oct. 14 1954
NAME OF CEMETERY OR CREMATORY Cedar Hill Crem.
LOCATION (City, town, or county) (State) Md.

DATE REC'D BY LOCAL REG. Oct 13 1954
REGISTRAR'S SIGNATURE J. Hudson Dodd
24. FUNERAL DIRECTOR ADDRESS Chevy Chase Funeral Home 5703 Wisc. Ave. N.W. Wash D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 15 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09621

CERTIFICATE OF DEATH

09624 Reg. Dist. No. 2-17

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brooke Grove Foundation Inc Sharon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN The Plains
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lavinia (Middle) B- (Last) Turner

4. DATE OF DEATH: (Month) Oct. (Day) 8 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 27 1870

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Turner

14. MOTHER'S MAIDEN NAME: Mary Randolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nephew Dr. John H. Janney Clarksville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro vascular Accident (Hemorrhage) — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 1 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebro vascular Accident — 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/12, 1953, to 10/8, 1954, that I last saw the deceased alive on 10/8, 1954, and that death occurred at 10:10 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATH SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — DATE THEREOF 10-8-54 — NAME OF CEMETERY OR CREMATORY Cremation Cedar Hill Pr Geo Co — LOCATION (City, town, or county) (State) Md

DATE REC'D BY LOCAL REGISTRAR 10-8-54 — REGISTRAR'S SIGNATURE Belinda B Fowler

24. FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 13-4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09621

09625

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 1 hour 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10603 Malone Dr.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) (Last) Rebel

4. DATE OF DEATH: (Month) Oct. (Day) 21 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Oct. 21/54.
9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR, Months 0 Days 0 IF UNDER 24 HRS., Hours 1 Min. 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Augustus Rebel
14. MOTHER'S MAIDEN NAME: Vonda Evelyn Thrasher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - Same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prematurity - 5 mo. gestation — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO — 40 min

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 21, 1954 to Oct. 21, 1954, that I last saw the deceased alive on Oct. 21, 1954 and that death occurred at 3:50 P M, from the causes and on the date stated above.

SIGNATURE John L. Avery M.D. M. D.
ADDRESS
DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Oct. 25, 1954
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington (State) Virginia

DATE REC'D BY LOCAL REGISTRAR 10/23/54
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Arthur Sacks
ADDRESS 254 Carroll St. NW

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

OCT
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09622

09626

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) Some 40 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 10603 Malone Ct.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Abel (Last)

4. DATE OF DEATH: (Month) Oct (Day) 21 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: Oct 21 1954

9. AGE last birthday: 0 yrs. IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 1 Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Augustus Abel

14. MOTHER'S MAIDEN NAME: Vonda Evelyn Thrasher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mother - same address

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

176X IMMEDIATE CAUSE (A) Prematurity - 5 mo gestation — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO — 40 min

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1954 to Oct 21, 1954 that I last saw the deceased alive on Oct 21, 1954, and that death occurred at 4 P M, from the causes and on the date stated above.

SIGNATURE John L. Avery M.D. M.D. ADDRESS DATE SIGNED 10/21/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Oct. 25, 1954 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetery | LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10/23/54 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St. NW DC

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Written permission redeived from both parents. VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09623

09526 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Washington Sanitarium and 20 Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
Columbia
STATE District of COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 234 Webster Street, N. W.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Ward
4. DATE OF DEATH. (Month) (Day) (Year) October 3 1954

5. SEX. Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH October 3, 1954
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: William English Ward
14. MOTHER'S MAIDEN NAME: Elizabeth Marion Dunnington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Father, As Above

18. MEDICAL CERTIFICATION
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Partial fetal atelectasis
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1954, to 10/3, 1954, that I last saw the deceased alive on 10/3, 1954, and that death occurred at 1:25 A.M, from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS Washington DC DATE SIGNED 10/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 10-5-54
NAME OF CEMETERY OR CREMATORY Washington San and Hosp.
LOCATION (City, town, or county) (State) Takoma Park, Md.
DATE REC'D BY LOCAL REGISTRAR OCT 5 1954
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Robert A. Hare, M.D.
ADDRESS W.S.H.

RECEIVED
OCT 8
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09627 CERTIFICATE OF DEATH 09624

Reg. Dist. No. 27-C

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Damascus
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Howard (Middle) R. (Last) Watkins

4. DATE OF DEATH: (Month) Oct. (Day) 30 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Dec. 19, 1903

9. AGE last birthday: 50 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Building Contractor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Browningsville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bradley Watkins

14. MOTHER'S MAIDEN NAME: Rebecca Burdette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-14-0036

17. INFORMANT & ADDRESS: Mrs Lois L. Watkins, Damascus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10, 1951, to October 30, 1954, that I last saw the deceased alive on October 30 1954, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) James P. Kerr M.D.

ADDRESS Damascus, Md.

DATE SIGNED Nov. 1, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 2, 1954

NAME OF CEMETERY OR CREMATORY Bethesda

LOCATION (City, town, or county) (State) Browningsville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 4 1954

REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09628

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 0625

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) / TOWN Bethesda
LENGTH OF STAY (In this place) Do.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Ellen Augusta Waugh	Oct. 15 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Wh.	Married	Oct. 27, 1913	40 yrs.	11	18		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Oliver Johnson	Ida Kuster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	579-24-2215	James A. Waugh Route 2, Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Indefinite.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Atherosclerosis, Coronary	Each a few years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Proctor M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 10-15-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/15/54	Boyds Presby. Ch. Cem	Boyds, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/18/54	Burial Permit Issued	Robert A. Tumphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09626

09629 # CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH:
COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germanatown | LENGTH OF STAY (in this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Marylander Rest Home Germantown.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Delia (Middle) Freeman (Last) Weller
4. DATE OF DEATH: (Month) Oct (Day) 19 (Year) 19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Jan 19/1868	86 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Home Work	Mosertown. Pa.	U S A

13. FATHER'S NAME: William T. Freeman
14. MOTHER'S MAIDEN NAME: Mehitable Hotchkis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
		Mrs Clara W. Edmunds, Washington D.C 4701 Jenn. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gastric Hemorrhage — Interval Between Onset And Death: I day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic Cardiovasoular disease — 10 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/14, 1954, to 10/19, 1954, that I last saw the deceased alive on 10/18/, 1954, and that death occurred at 12:30 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) James T. Kerr M.D. ADDRESS Damascus, Md. DATE SIGNED 10/19/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-21-54	Springboro	Springboro. Pa

DATE REC'D BY LOCAL REGISTRAR Oct-19, 1954 REGISTRAR'S SIGNATURE Rhuda L. Cooke

24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU U. S.

09627

MARYLAND 09630

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

1. PLACE OF DEATH: COUNTY Montgomery. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10904 Devin Place

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LUCILLE	LEE	WOLFE	Oct	31	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs: Hours Min.
F	WHITE	WIDOWED	Nov 13, 1897	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Free lance advertiser	"own"	Petersburg Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles L Thomas	Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	244-18-8199	Mason Wolfe Jr. 10904 Devin Pl Kensington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171 X

Immediate cause (a) carcinomatosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) carcinoma of cervix

(c)

INTERVAL BETWEEN ONSET AND DEATH: Two years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
17 July 53	carcinoma of cervix with metastasis	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 16 May 1953, to Oct 31, 1954, that I last saw the deceased alive on Oct 30, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edward C Wilson Jr M.D.	1901-Eye St. N.W.	31 Oct 54

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 3, 1954	F.H. Lincoln cem	Silver Spring Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/54	Frances Potter	Gawler & Hines Co	2901-14th St. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

09631 09628

Items 18 & 22 Fila C071 10-18-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8712 Colesville Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8712 Colesville Road

3. NAME OF DECEASED: (First) Arnold (Middle) J. (Last) Zeiler

4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/4/27

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Zeiler

14. MOTHER'S MAIDEN NAME: Rose Zeiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 108-20-2230

17. INFORMANT & ADDRESS: Mrs. Rose Zeiler, 1050 50th St. Brooklyn, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

970.2

Immediate cause (a) Barbiturate poisoning — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Several days died in bed

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bracchat M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 10-8-54

23. BURIAL, CREMATION, REMOVAL (Specify) Trans. & burial

DATE THEREOF 10/9/54

NAME OF CEMETERY OR CREMATORY Wellwood Cemetery

LOCATION (City, town, or county) (State) Farmingdale, New York

DATE REC'D BY LOCAL REG. 10-11-54

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Md.

VS. A15A - 5 - 53

RECEIVED
OCT 13 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (9629)

09527 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tekoma Park 17
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 7610 Blair Road

3. NAME OF DECEASED: (Type or Print) (First) Cornelia (Middle) Jane (Last) ZIEGLER

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1954

5. SEX: F 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow 8. DATE OF BIRTH: 12-8-82 9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): Virginia 12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John S Embrey 14. MOTHER'S MAIDEN NAME: Alice Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO. None Known 17. INFORMANT & ADDRESS: Washington Sanitarium - Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Hypostatic Bronchopneumonia — 3 days

ANTECEDENT CAUSE (S) DUE TO (B) Cerebro-Vascular Accident — 6 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive & Arteriosclerotic C.V. Disease — about 20 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947 to 10/16, 1954, that I last saw the deceased alive on 10/16, 1954, and that death occurred at 9:40 AM, from the causes and on the date stated above.

SIGNATURE Benjamin Isaacson ADDRESS M. D. 7896 Georgia Ave S.S. Md DATE SIGNED 10/16/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL DATE THEREOF 10/19/54 NAME OF CEMETERY OR CREMATORY FT LINCOLN LOCATION (City, town, or county) (State) PRINCE GEORGE CO MD

DATE REC'D BY LOCAL REGISTRAR Oct. 17 1954 REGISTRAR'S SIGNATURE J. Milton Dodd 24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 1400 Chapin St Wash. DC.

RECEIVED
OCT 19 1954
BUREAU V. S.